

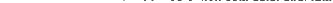
**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

2/12/2007-90106-027-\$61.25-\$61.25

FILED

07 MAR 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/06)

07

☒	Applied For
☐	Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON DREELE, WAYNE
3993 W FIRST ST
SANFORD FL 32771

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed in printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when certifying)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

UNIT	PD	☐ Delete
NAME	CHUN, PETER	
STREET ADDRESS	11200 SAINT JOHNS INDUSTRIAL PKWY NORTH 2	
CITY ST/ZIP	JACKSONVILLE FL 32246	

(U) NAME STREET ADDRESS CITY ST /P	☐ Change ☐ Addition
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UNIT	VPD	☐ Delete
NAME	HOGG, STEVE	
STREET ADDRESS	11200 SAINT JOHNS INDUSTRIAL PKWY NORTH 2	
CITY ST ZIP	JACKSONVILLE FL 32246	

NAME	STREET ADDRESS	CITY ST ZIP	☐ Change	☐ Addition

DATE	STD	☐ Delete
NAME	SKINNER, JAMES	
STREET ADDRESS	11200 SAINT JOHNS INDUSTRIAL PKWY NORTH 2	
CITY-STATE	JACKSONVILLE FL 32246	

FILE	☐ Change	☐ Addition
NAME		
Street Address		
CITY ST /P		

NAME	STREET ADDRESS	CITY ST ZIP

☐ Delete

TIME	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		

ID# NAME STREET ADDRESS CITY ST- ZIP	☐ Delete
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1111 NAME STREET ADDRESS CITY ST /P	☐ Change ☐ Addition
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NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY STATE ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

12

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