

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 OCT 17 AM 9: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09132007 Chg-NP CR2E037 (12/06) 07

4. FEI Number **20-5672753** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BAILEY, GRACE  
2916 RIVER RUN CIRCLE WEST  
MIRAMAR, FL 33025

## 7. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, GRACE	
STREET ADDRESS	2916 RIVER RUN CIRCLE WEST	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, FIOLINA	
STREET ADDRESS	855 SW 173 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAIS, ANDREA	
STREET ADDRESS	19300 SW 17 COURT	
CITY-ST-ZIP	MIRAMAR, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4001 10863584	
CITY-ST-ZIP	10/16/07--01056--012 +\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*C Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-07

Date

954 6634810

Daytime Phone #