

\$ 70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JAN 16 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162008 Chg-NP CR2E037 (12/06) 08

4. FEI Number
59-3528460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGSTON, DAVID B
107 LIBERTY STREET
PORT ST. JOE, FL 32456

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 reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	C	<input type="checkbox"/> Delete
NAME	WYNN, ADRON	
STREET ADDRESS	PO BOX 10	
CITY-ST-ZIP	APALACHICOLA, FL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	RAFFIELD, EUGEN	
STREET ADDRESS	PO BOX 721	
CITY-ST-ZIP	PORT ST JOE, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANGSTON, ERIC	
STREET ADDRESS	214 AVE A	
CITY-ST-ZIP	PORT ST JOE, FL	
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	200115854922	
STREET ADDRESS	01/23/08--01006--012 **210.00	
CITY-ST-ZIP		
TITLE	LANGSTON DAVID B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O BOX 391	
STREET ADDRESS	Port St. Joe FL 32456	
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: David B. Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #