

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90014 033 ****61.25

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01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5989206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, COY A
575 S. WICKHAM RD., SUITE E
WEST MELBOURNE, FL 32904

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 | PD | <input type="checkbox"/> Delete |
| NAME | CLARK, COY A | |
| STREET ADDRESS | 575 S. WICKHAM RD., SUITE E | |
| CITY-ST-ZIP | WEST MELBOURNE, FL 32904 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MAGUIRE, MICHAEL | |
| STREET ADDRESS | 575 S. WICKHAM RD., SUITE E | |
| CITY-ST-ZIP | WEST MELBOURNE, FL 32904 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | ROBB, ROBERT | |
| STREET ADDRESS | 575 S. WICKHAM RD., SUITE E | |
| CITY-ST-ZIP | WEST MELBOURNE, FL 32904 | |
| 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 | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL MAGUIRE | |
| STREET ADDRESS | 575 S. WICKHAM Rd. | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | |
| 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: Coy A. Clark COY A CLARK 1/23/08 321-723-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #