

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90027 015 ****61.25

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03102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2496294 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH, FL 32960

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	SUSI, JEFFREY L	
STREET ADDRESS	1000 36TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SHEEHAN, CHARLES V	
STREET ADDRESS	884 INDIAN LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	WEIL, RICHARD MD	
STREET ADDRESS	746 RIOMAR DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, BEVERLY	
STREET ADDRESS	9790 61ST PLACE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, GEORGE M.D.	
STREET ADDRESS	890 BOWLINE DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEGURA, THOMAS	
STREET ADDRESS	5815 GLEN EAGLE LANE	
CITY-ST-ZIP	VERO BEACH, FL 32967	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley W Rossman	
STREET ADDRESS	1000 36th St.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Brower	
STREET ADDRESS	1000 36th St.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Harris	
STREET ADDRESS	1000 36th St.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
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	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Segura	
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: Gregory Gannon GREGORY GANNON 3/18/08 772-567-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #