## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000420

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	of Business:	
	RIDGE RD A, FL 34239				
Current Mailing Address:		New Mailing Address:			
	RIDGE RD A, FL 34239				
El Number	: 20-8437647	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
OCT ST					
042 BEE	FEPHEN F JR RIDGE RD A, FL 34239	US			
042 BEE SARASOT	RIDGE RD A, FL 34239		purpose of changing its registere	ed office or registered agent, or both,	
042 BEE SARASOT	RIDGE RD A, FL 34239 named entity of Florida.  RE:	submits this statement for the			
042 BEE SARASOT The above on the State	RIDGE RD A, FL 34239 named entity of Florida.  RE:			ed office or registered agent, or both,  Date	
2042 BEE SARASOT The above In the State BIGNATUI	RIDGE RD A, FL 34239 named entity of Florida.  RE:	submits this statement for the	ent		
2042 BEE SARASOT The above In the State BIGNATUI	RIDGE RD A, FL 34239 e named entity e of Florida. RE: Electror S AND DIREC	submits this statement for the nic Signature of Registered Age TORS:  ) Delete ONARD GE RD	ent	Date	
042 BEE ARASOT The above the state GIGNATUI  DFFICER title: ame: ddress:	RIDGE RD A, FL 34239 e named entity e of Florida.  RE: Electror S AND DIREC PTD ( NADOLSKI, LE 2042 BEE RID SARASOTA, FI	submits this statement for the nic Signature of Registered Age TORS:  ) Delete ONARD GE RD - 34239  ) Delete IEN F JR GE RD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN F. VOIGT, JR. 04/30/2009 D