

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 001 ****61.25

40054200



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8489683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, ELIZABETH
10630 MCGREGOR BLVD
FORT MYERS, FL 33919

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	P	<input checked="" type="checkbox"/> Delete
NAME	MCAPLINE, RANDI	
STREET ADDRESS	791 CAL COVE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BATES, JENNY	
STREET ADDRESS	8381 VILLAGE EDGE CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORA, LINDA	
STREET ADDRESS	12451 MCGREGOR PALMS DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, ELIZABETH	
STREET ADDRESS	10630 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOONAN, DONALD	
STREET ADDRESS	16351 SUMMERLIN RD	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Spence	
STREET ADDRESS	15461 Huntington Court	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Ceretto	
STREET ADDRESS	20301 Grande Oaks Blvd. #118	
CITY-ST-ZIP	Estero, FL 33928	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Hessney	
STREET ADDRESS	10351 Summerlin Rd.	
CITY-ST-ZIP	Fort Myers, FL 33908	
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: [Signature] 3-27-2008 239-418-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #