

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 20 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number **33-1157670** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CUYLER, WILLIE C PASTOR  
655 SOUTH RAILROAD STREET  
MONTICELLO, FL 32344

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME CUYLER, WILLIE C SR  
STREET ADDRESS 1230 EAST ROCKY BRANCH ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition  
NAME **400119104414**  
STREET ADDRESS **02/29/08--01009--012 \*\*61.25**  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CUYLER, HARRIETT  
STREET ADDRESS 1230 EAST ROCKY BRANCH ROAD  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOORE, J W  
STREET ADDRESS 216 HALL ROAD  
CITY-ST-ZIP LAMONT, FL 32236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MOORE, CAROLYN  
STREET ADDRESS 216 HALL ROAD  
CITY-ST-ZIP LAMONT, FL 32236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DUNLAP, ARTHUR JR.  
STREET ADDRESS 2008 PLANTATION FOREST DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Willie C. Cuyler, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/08*  
Date

Daytime Phone #

1/20 9D