

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT 15 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003297

1. Entity Name
STRIVE, INC.



Principal Place of Business
907 W SOUTH STREET
ORLANDO, FL 32855

Mailing Address
PO BOX 550149
ORLANDO, FL 32855-0149



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09032008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

41-1728192

Applied For

Not Applicable

Zip

32805

Country

America

Zip

Country

America

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

WILLIAMS, MICHAEL J
907 W SOUTH STREET
ORLANDO, FL 32805

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 September 12, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, NETTIE J REV ☐ Delete
907 W SOUTH STREET
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, MICHAEL J REV ☐ Delete
907 W SOUTH STREET
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLENN, MICKEY ☐ Delete
907 W SOUTH STREET
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, MILDRED ☐ Delete
907 W SOUTH STREET
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400136932504
10/15/08--01006--001 ***70.00

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Nettie J Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-08

Date

407-445-8621

Daytime Phone #

STATEMENT 2008 KS