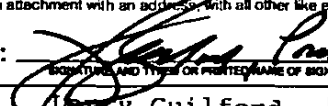


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

01-11-2008 90065 022 ****61.25

DOCUMENT # N07000005171			
1. Entity Name MAKE A DIFFERENCE, INC.			
Principal Place of Business 28969 SR54 WESLEY CHAPEL, FL 33543		Mailing Address 28969 SR54 WESLEY CHAPEL, FL 33543	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0255197		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUILFORD, LARRY G 28969 SR54 WESLEY CHAPEL, FL 33543		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 renewing.) 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	PSTD ☐ Delete		
NAME	GUILFORD, LARRY G		
STREET ADDRESS	PO BOX 7001		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543 33545		
TITLE	VD ☐ Delete		
NAME	GUILFORD, LORENCE		
STREET ADDRESS	PO BOX 7001		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543 33545		
TITLE	SD ☐ Delete		
NAME	FLOWERS, DEBBIE		
STREET ADDRESS	PO BOX 7001		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543 33545		
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		1/7/08 813-973-0478	
Typed Name and Title of Signing Officer or Director Larry Guilford, President		Date Daytime Phone #	

66000901



01072008 Chg-NP CR2E037 (12/06)