2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000006724

1. Entity Name



FILED Jun 04, 2008 8:00 am Secretary of State 06-04-2008 90001 024 ****70.00

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Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				06032	8008	Chg-NF	•	CR2E	E037 (12	2/06)	
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Zip		Country	Ziş		Cou	intry				f Status C			\$8.7 Fee F	5 Add	litional d
	6. Name	e and Address of Cu	rrent Registere	ed Agent				7. Nam	e and A	ddress	of New F	Registere	d Agent		
JEFFERS	ON-WILLI	IAMS, CHARLOT	TE E			Name									
4360 SE 5 OCALA, FI		·		Street Addre			dress (F	s (P.O. Box Number is Not Acceptable)							
						City							• Z	ip Cod	θ
8. The above	named enti	ity submits this statem	ent for the purp	ose of changing its re	egistere	ed office or	register	ed agent.	or both	, in the St	ate of FI	<u>-</u>	L 2	ar with,	and accept
		stered agent.	- - -				•			,					
SIGNATURE .		d or printed name of registered	d agent and title if app	olicable. (NOTE:	Recesteres	d Agent signetur	re required		tina)			DAT	-		····
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D	_	ee is \$61.25 ptember 12, 200	D8	9. Election Camp Trust Fund Co	paign F		····	\$5.00 Added to	May Be			Make che	eck pay		
10.	_	ptember 12, 200	D8 ID DIRECTORS	Trust Fund Co	paign F		<u> </u>	\$5.00	May Be		Flo	fake che	eck pay partmen	t of S1	ate
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12. I hereby certify that the information supplied with this filling 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 ceth; 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.

BIGNATURE AND TYPED OR BRIDGED NAME OF SIGNING OFFICER OR DIRECTOR	WILLIAMS	Date	Daytime Phone #	
SIGNATURE: Charattre Offer Williams.	CHARIOTTEE.J	Efferson 6/2/08	352867-8	2/19