## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 13, 2008 8:00 am **Secretary of State** DOCUMENT # N07000011086 03-13-2008 90025 023 \*\*\*\*61.25 1. Entity Name COMMITTEE TO ESTABLISH HOMERULE INC. Principal Place of Business Mailing Address 4226 NW CR 233 4226 NW CR 233 STARKE, FL 32091 STARKE, FL 32091 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number City & State 41-2266406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL, MALCOLM L Street Address (P.O. Box Number is Not Acceptable) 4226 NW CR 233 STARKE, FL 32091 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: DATE (NOTE: Recistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title il applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP: □ Delete ☐ Change ■ Addition TITLE me NAME HILL, MALCOLM L NAME 4226 NW CR 233 STREET ADORESS STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE ROBINSON, EDYHTE F NAME NAME 4226 NW CR 233 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STARKE, FL 32091 ☐ Delete ☐ Change Addition TITLE ORA, STORES NAME NAME 23396 NW 25TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWTEY, FL 32058 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITS F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TILE ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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**FILED**