



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 027 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N07000011380</b><br>1. Entity Name<br>CO K 28TH GA INF INC   |   |   |  |    |  |
| Principal Place of Business<br>6497 ALLEGHENY AV<br>COCOA, FL 32927 US   |   |   | Mailing Address<br>6497 ALLEGHENY AV<br>COCOA, FL 32927 US   |   |  |
| 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  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>HACKEL, DAVID H<br>6497 ALLEGHENY AVE<br>COCOA, FL 32927  |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to:<br/>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HACKEL, DAVID H<br>6497 ALLEGHENY AV<br>COCOA, FL 32927            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>FIDDLER, JEFF<br>2121 WILLOW OAK DR<br>EDGEWATER, FL 32141        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>MCLEAN, JOHN<br>13918 SW 128 AV<br>ARCHER, FL 32618                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input checked="" type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC<br>FLEISCHMAN, FRANK L<br>557 LAKE COMO DR<br>POMONA PARK, FL 32181 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HANNAH, ALICIA<br>5287 INTERNATIONAL AV<br>MIMS, FL 32754         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | SEC<br>FLEISCHMAN, MICHAEL<br>557 LAKE COMO DR<br>POMONA PARK FL 32181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LYONS, ANN<br>PO BOX 350815<br>GRAND ISLAND, FL 32735             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input checked="" type="checkbox"/> Delete  |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   | 4/30/08 386-328-9098   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>                          |   |  |