

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90051 004 ****61.25

40018323



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2648646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHIELDS, JOHN
5 VIEW ST
LANTANA, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NEWBORFF, DICK WALTER ALLAN
STREET ADDRESS	54 VIEW STREET 50 VIEW STREET
CITY-ST-ZIP	LAKE WORTH, FL 33402 LANTANA, FL 33462
TITLE	D
NAME	SHARP, JAMES
STREET ADDRESS	48 VIEW ST
CITY-ST-ZIP	LAKE WORTH, FL 33402 LANTANA, FL 33462
TITLE	P
NAME	STORMS, BETTY
STREET ADDRESS	45 VIEW ST.
CITY-ST-ZIP	LAKE WORTH, FL 33402 LANTANA, FL 33462
TITLE	ST
NAME	NAGYFY, GENA
STREET ADDRESS	43 VIEW ST.
CITY-ST-ZIP	LAKE WORTH, FL 33402 LANTANA, FL 33462
TITLE	D
NAME	JOHN SHIELDS
STREET ADDRESS	5 VIEW STREET
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	DO N POWERS
STREET ADDRESS	6 VIEW STREET
CITY-ST-ZIP	LANTANA, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 561 588-2634
Date Daytime Phone #