

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90425 014 ****61.25

40089871



03142007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2643948** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR
348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE SUITE 7
FORT WALTON BEACH, FL 32548

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 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRENSHAW, TOM	
STREET ADDRESS	43 SAINT ALBANS FAIRWAY	
CITY-ST-ZIP	MEMPHIS, TN 38111	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAMPION, SUSAN	
STREET ADDRESS	4487 BELVEDERE PLACE	
CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, LEIGH	
STREET ADDRESS	600 JACKSON BOULEVARD	
CITY-ST-ZIP	NASHVILLE, TN 37205	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, JIM	
STREET ADDRESS	4390 POWERS FERRY ROAD	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSON, GARY	
STREET ADDRESS	3988 SWEET BOTTOM DRIVE	
CITY-ST-ZIP	DULUTH, GA 30136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zimmerman, Peter	
STREET ADDRESS	600 Jackson Boulevard	
CITY-ST-ZIP	Nashville TN 37205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Peter Zimmerman 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #