

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90034 047 ****70.00

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01222007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2548674** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTELONGO, LOUIS A
1018 36TH ST
ORLANDO, FL 32805

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 reappointing)

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	D	<input checked="" type="checkbox"/> Delete
NAME	GREENLEE, CHRISTINA	
STREET ADDRESS	312 LONGFIELD CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROSE, WAYNE	
STREET ADDRESS	738 HARDWICK CT	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUASTELLA, GARY	
STREET ADDRESS	470 EAGLE CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ULTCHT, JACK	
STREET ADDRESS	7614 LAKE MARSHA DR	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUBIS, VIRGINIA	
STREET ADDRESS	10929 BROWN TROUT CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KORENKIWSKY, CATHERINE	
STREET ADDRESS	7630 SUGAR BEND DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32819	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASSOY, DAVID	
STREET ADDRESS	3327 OLD LOCKWOOD RD.	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMENTER, ROBERT	
STREET ADDRESS	137 LOMBARD CIRCLE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEILL, JOHN	
STREET ADDRESS	2477 ROYAL ROAD	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, MARY JANE	
STREET ADDRESS	2408 ANGEL STREET	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRAULT, EVELINE	
STREET ADDRESS	2256 WYNDAM WAY	
CITY-ST-ZIP	KISSIMMEE, FL 34743	

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: *Gary J Guastella* **GARY J GUASTELLA** 01-22-07 321-388-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #