2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2007 8:00 am Secretary of State 03-02-2007 90016 033 ****61.25

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680 LAKE ORCHID CIR 680 LAK		Mailing Address 680 LAKE ORCHID DR VERO BCH, FL 32962	AKE ORCHID DR		40027842				
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072007 C	Chg-NP C	CR2E037 (12/06)		
City & State		City & State	City & State		4. FEI Number Applied For 59-2620320 Not Applicable				
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required			
	6. Name	and Address of Current F	legistered Agent			7. Name and Ad	dress of New Regi	stered Agent	
121 11 11 11 11 11				ĺ	Name C UA	MDACOUS	· D	c C	
KUHN, HERBERT B SR 341 N GROVE ISLE CIR VERO BEACH, FL 32962			Street Address (P.O. Box Number is Not Acceptable)						
					City VERO	BEACH		FL Zip Coo	
8. The above	named entit	y submits this statement for	the purpose of changing its	registered	office or register	ed agent, or both, it	n the State of Florida	a. I am familiar with	, and accept
the obligat	tions of regis	tered agent.						1	
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SIGNATURE	Slonesture times	l or printed pages of registered exect of	and stiller at any fire about the Court	. Dominton of 1		I had a single state of	7	1/0/	
	ROBE	or printed name of registered agent a	AGNE - PRESI	6NT	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				
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10.	Due by N		Trust Fund C		n.		Florida	Department of S	itate
TITLE	Due by N	OFFICERS AND DIR	Trust Fund C	11.	. □ <u></u>	Added to Fees	Florida GES TO OFFICERS	Department of S AND DIRECTORS IN Change	itate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 772-569-801/ Date Daytime Phone #