


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90089 014 \*\*\*\*61.25

<b>DOCUMENT # N14894</b>			
1. Entity Name <b>SECTOR OF FLORIDA - N.O.T.R., INC.</b>			
Principal Place of Business <b>6161 N. HWY 393 CRESTVIEW FL 32539 US</b>		Mailing Address <b>6161 N. HWY 393 CRESTVIEW FL 32539 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MCDONALD, HARRY R JR. 6161 N. HWY 393 CRESTVIEW FL 32539-6636</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.			

1st MOORE CR2E037 (10/06)

4. FEI Number **59-3039519** Applied For  
Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: 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 <b>SD</b>	NAME <b>ANDERSON, CHARLES J</b>	DELETE <input checked="" type="checkbox"/>
STREET ADDRESS <b>5099 SE 55TH AVE</b>		
CITY-ST-ZIP <b>TRENTON FL 32693</b>		
TITLE <b>D</b>	NAME <b>SORRENTINO, ALBERT</b>	DELETE <input type="checkbox"/>
STREET ADDRESS <b>1054 BAQCON CIRCLE</b>		
CITY-ST-ZIP <b>PALM BAY FL 32905</b>		
TITLE <b>D</b>	NAME <b>SORRENTINO, MICHAEL</b>	DELETE <input checked="" type="checkbox"/>
STREET ADDRESS <b>2686 SABRINA STREET</b>		
CITY-ST-ZIP <b>PALM BAY FL 32905</b>		
TITLE <b>D</b>	NAME <b>LAURITANO, EMANUEL</b>	DELETE <input type="checkbox"/>
STREET ADDRESS <b>1805 SAXON DRIVE</b>		
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL 32199</b>		
TITLE <b>TSD</b>	NAME <b>MCDONALD, HARRY</b>	DELETE <input type="checkbox"/>
STREET ADDRESS <b>6161 N. HWY 393</b>		
CITY-ST-ZIP <b>CRESTVIEW FL 32536</b>		
TITLE <b>D</b>	NAME <b>HEINEY, CHARLES</b>	DELETE <input type="checkbox"/>
STREET ADDRESS <b>5947 WINDMERE TRACE</b>		
CITY-ST-ZIP <b>PACE FL 32571</b>		

## 11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>D</b>	NAME <b>NOVAK, BRUCE B.</b>	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS <b>4262 SW 78th Drive</b>		
CITY-ST-ZIP <b>Davie, FL 33328-3122</b>		
TITLE <b>D</b>	NAME <b>CLAMP, PAUL H. SR.</b>	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS <b>12708 Litewood Drive</b>		
CITY-ST-ZIP <b>Hudson, FL 34669</b>		
TITLE	NAME	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Harry R. McDonald Jr.* **HARRY R. MCDONALD JR** 1-23-07 850-682-3666