

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 048 ****61.25

20007227



03032007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, CARLTON
20424 SR 47 SOUTH
FORT WHITE, FL 32038

7. Name and Address of New Registered Agent

Name: Cecil W. Stalnaker
Street Address (P.O. Box Number is Not Acceptable):
957 SW Beaver St.
City: Fort White FL 32038

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: *Cecil W. Stalnaker* Cecil W. Stalnaker 3-4-07
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	D	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, CARLTON	
STREET ADDRESS	P O BOX 494	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALNAKER, CECIL W	
STREET ADDRESS	957 SW BEAVER ST	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWKINS, GWENDOLYN	
STREET ADDRESS	6855 SW ELIM CHURCH RD	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, ANNIE L.	
STREET ADDRESS	RT. 2 BOX 4960	
CITY-ST-ZIP	FT. WHITE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERLONG, BOB	
STREET ADDRESS	240 SW SCATTERED OAKS CT.	
CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Russell	
STREET ADDRESS	16955 SW SR 47	
CITY-ST-ZIP	Fort White, FL 32038	
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: *Cecil W. Stalnaker* Cecil W. Stalnaker 3-4-07 386-497-3601
Signature and typed or printed name of signing officer or director Date Daytime Phone #