2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State			
DOCU 1. Entity Nan THE TOV ASSOCIA	м				00328 033 ****6			
Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			11841111111111111111111111111111111111		RIEN BISII GISIN SISIN SISIN SI	litiği di iğbi
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212008 _{CI}	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-242014	9		oplied For ot Applicable
Zip Country		Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent			<u>, </u>		7. Name and Add	ress of New Re	gistered Agent	
SUITE4 PENSACOLA, FL 32503 PENSACOLA, FL 32503					P.O. Box Number is I		FL Zip Cod	
8. The above named entity submits this statement for the purpose of changing its 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) Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Make check payable to Florida Department of State								
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN	110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARGRAVE, DAVID 601 EAST BURGESS RD J-9 PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		(SOTTOTAL) OF INTE	23 10 01 1021	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PYLE, TAHNJA 601 EAST BURGESS RD F-3 PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DENSWILL WEBER, JIM 601 E. BURGESS RD., D-7 PENSACOLA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBERLIN, ETHEL 601 EAST BURGESS RD F-1 PENSACOLA, FL 32504	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, MAX 601 E. BURGESS RD B-3 PENSACOLA, FL 32503	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME	Vice President	☐ Defete	TITLE NAMÉ				Change	Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHTHAN OFFICER OR DEPETOR

4-24-08

478-907,

Daytime Phone #