

FILED
May 27, 2008 8:00 am
Secretary of State

DOCUMENT # N17176

Mailing Address
2901 W. TAMiami CIRCLE
SARASOTA, FL 34234

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number
65-0010101

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Betsy Asherm-Dean
Street Address (P.O. Box Number is Not Acceptable) 2101 W. Tamiami Circle
City Sarasota

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5.20.08

DATE _____

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jana Hoefling		
STREET ADDRESS	2901 W. Tamiami Tr.		
CITY-ST-ZIP	Sarasota, FL 34234		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cindy Day		
STREET ADDRESS	2901 W. Tamiami Tr.		
CITY-ST-ZIP	Sarasota, FL 34234		

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sorja Weider		
STREET ADDRESS	2901 W. Tamiami Circle		
CITY-ST-ZIP	Sarasota, FL 34234		

TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Beth Turgeon		
STREET ADDRESS	2901 W. TAMIAMI CIRCLE		
CITY-ST-ZIP	SARASOTA FL 34234		

TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Diane Natcha		
STREET ADDRESS	2901 W. Tamiami Circle		
CITY-ST-ZIP	Sarasota, FL 34234		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.20.02
Date

Date _____

9413595800
Daytime Phone #

Daytime Phone # _____