

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90165 008 ****61.25



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2799747

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER MANAGEMENT SERVICES INC
2848 PROCTOR RD
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when re-registering)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
POWELL, JOHNNIE
STREET ADDRESS
3166 LAKE PARK LANE
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME
PD
REVOU, ROBERT
STREET ADDRESS
3148 LAKE PARK LANE
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME
TD
JOHNSTON, SID
STREET ADDRESS
3147 LAKE PARK LANE
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME
D
HANEY, JAMES
STREET ADDRESS
3121 LAKE PARK LANE
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME
SD
DUMBAUGH, WINNIFRED
STREET ADDRESS
3150 LAKE PARK LN.
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Sid Johnston **Sid Johnston, Treasurer 04/02/07 (941) 923-5811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #