

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

JUL -2 PM 2: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022007 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

7. Name and Address of New Registered Agent

CLAYTON, DEBRA K
2678 BLUE WATER COURT
TALLAHASSEE, FL 30325

Name **DAVID MUHAMMAD**
Street Address (P.O. Box Number is Not Acceptable)

10184 SANDY ROCK LANE
City **TALLAHASSEE** FL Zip Code **32305**

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/2/07

DATE

Filing Fee is \$61.25
Due by September 14, 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 DP ☒ Delete
NAME NUTTER, KEVIN
STREET ADDRESS 10064 N. NATURAL WELLS
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE VD ☒ Delete
NAME BEARD, CHARLES
STREET ADDRESS 10039 GREEN FOUNTAIN ROAD
CITY-ST-ZIP TALLAHASSEE, FL

TITLE DT ☒ Delete
NAME CLAYTON, DEBRA
STREET ADDRESS 2678 BLUE WATER CT
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE DS ☒ Delete
NAME STEVENS, DIONNE
STREET ADDRESS 10115 GREEN FOUNTAIN
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Bergen Bloomquist
STREET ADDRESS 10095 Green Fountain Rd
CITY-ST-ZIP Tallahassee, FL 32305

TITLE Vice President ☒ Change ☐ Addition
NAME David Muhammad
STREET ADDRESS 10184 Sandy Rock Lane
CITY-ST-ZIP Tallahassee, FL 32305

TITLE Treasurer ☒ Change ☐ Addition
NAME Mary Adkison
STREET ADDRESS 10069 Spring Sink Rd
CITY-ST-ZIP Tallahassee, FL 32305

TITLE Secretary ☒ Change ☐ Addition
NAME Diane O'neil
STREET ADDRESS 2103 Natural Wells Drive
CITY-ST-ZIP Tallahassee, FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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] / Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07

Date

(850) 580-5778

Daytime Phone #