## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 8:00 am Secretary of State

DOCLI	MENT # N20962			ATHE EN		04-29-200	_		
1. Entity Nan		O ASSOCIATION IN	с.			04-29-200	90000	038	01.23
•	ce of Business	Mailing Address		,	7				
		P. O. BOX 37336 TALLAHASSEF, FL 32	. O. BOX 37336 Allahassee, Fl. 32315						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number NOT APP	LICABLE	· · · · · · · · · · · · · · · · · · ·	<u> </u>	pplied For
Zíp	Country	Zip	Country	у	5. Certificate of			\$8.75 Ad	ot Applicable ditional
	6. Name and Address of Current	Pagistarred Agent	<u> </u>		7. Name and A			Fee Require	ed
<i></i>		Laftereran What	N	Name ·	/. Name and A	OUISSS OF MAM	redistelen	Agent	
FLOWERS, HOWARD 14134 RED HAWK			S	Street Addre	ess (P.O. Box Number	is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
TALLAHA	SSEE, FL 32312					·			
			_	City				Zip Cod	10
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the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing it	ts registered o	office or regi	istered agent, or both,	in the State of F	lorida. I am	familiar with,	, and accept
•									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Age	jent signature rec	quired whon reinstating)		DATE		<del></del>
SIGNATURE.								k nevehie t	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$81.25 Due by May 1, 2008	9. Election Ca		incing _	\$5.00 May Be Added to Fees	i i	flake chec	k payable t	
SIGNATURE	Filing Fee is \$81.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Finar	incing	\$5.00 May Be	Flo	fake chec rida Depar	tment of S	tate
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10. TITLE NAME	Filing Fee is \$81.25 Due by May 1, 2008  OFFICERS AND DI V GALIVAN, BILL 337 BEAVERLAKE RD TALLAHASSEE, FL 32312	9. Election Ca Trust Fund	ampaign Finar I Contribution. 11. TILE NAME	DORESS /4	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo IGES TO OFFICE OWERS HAWK	flake chec rida Depai ERS AND DI	RECTORS IN	V 10
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1x. I nereby 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

Date

Daytime Phone #