2007 NOT-FOR-PROFIT CORPORATION

FILED Jan 08, 2007 8:00 am Secretary of State

| | REPORT | |
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| Percent Process of Business April 1995 Pensacolla FI 32504-1055 IIS | 1. Entity Nam | ne | # N21715 COUNCIL, INC. | | | | 1 | | 1 y O1 St 0251 019 ****7 | | |
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| Side, Apt. 4, etc. Subsection Subsectio | 4211 JERRY L. MARYGARDEN ROAD PO BOX 11065 | | | 4-1065 US | | | M ag i Mail I rga l Ma r i a | Ini alen alah biah biah bish en | 78 418 06 41 Be 184 0 | | |
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| Sims, Robert 3013 RAINES ST PENSACOLA, FL 32514 8. The above named of final points the 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 providing agent. Signature: Filling Fee is \$61.25 + 3.75 | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 01042007 | Chg-NP | CR2E037 (12/0 | 06) | | | |
| E. Name and Address of Current Registered Agent 1. Name and Address of Status Desired 1. Name and Address of Name Registered Agent 1. Name and Registered Agent 1. Name and Registered Agent 1. Name and Address of Name Registered Agent 1. Name Agent Name Registered Agent 1. Name Agent Name Registered Agent 1. Name Address of Name Registered Agent 1. Name Agent Name Registered Agen | City & State City & State | | City & State | | | 4. FEI Numbe 59-2867 | 7764 | | | | |
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| Street Address (P.O. Bax Number is Not Acceptable) City FL Zip Code | SIMS ROI | DERT | | | Name | | | | | | |
| B. The above named effiling Jupanits 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 registering agent. SIGNATURE | 3013 RAIN | NES ST | 2514 | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
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| SIGNATURE Signature Signa | 8. The above | named entit | volumits this statement | for the purpose of changing its | registered office | or register | red agent, or both | n in the State of F | rl | | |
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| Trust Fund Contribution. Added to Fees Florida Department of State 10. | SIGNATURE . | Signature, typed | d or printed name of registered ager | Int and title if applicable. (NOTE | :: Registered Agent siç | nature required | d when reinstating) | 01/05 | /2007 DATE | | |
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| STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 TITLE D NAME BELL, RONNIE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 12. Thereby 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 of supplied ental 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 receivery it 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: The pensacola, FL 32505 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 SIGNATURE: The pensacola, FL 32505 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 SIGNATURE: The pensacola, FL 32505 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 Total and the pensacola address and the pensacola | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JURA, KE 6575 NOF PENSACC VP LEKER, J 6575 NOF PENSACC TD SIMS, RO 6575 NOF PENSACC D KOSTIC, I 6575 NOF PENSACC | May 1, 2007 OFFICERS AND D EVIN RTH OLA, FL 32505 IAMES RTH OLA, FL 32505 DBERT B. RTH OLA, FL 32505 PAT RTH | Trust Fund C DIRECTORS Delete Delete Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | Personal Property of the second secon | Added to Fees ADDITIONS/CHA TER M 83 W. 115 A COLA 13 RAIN 15 A COLA 1 | FIGURES TO OFFICE Anis, M PAUIS 11: 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 | Prida Department of ERS AND DIRECTOR Chair 25/4 Chair 25/4 Chair C | of State IS IN 10 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition | |
| TITLE Delete Delete TITLE Delete TITLE NAME STREET ADDRESS GTY-ST-ZIP PENSACOLA, FL 32505 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 of supplier ental 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 feccivery fit 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: Delete TITLE 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 of supplier ental 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 feccivery it 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. | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE | P JURA, KE 6575 NOF PENSACC VP LEKER, J 6575 NOF PENSACC TD SIMS, RO 6575 NOF PENSACC D KOSTIC, I 6575 NOF PENSACC S | May 1, 2007 OFFICERS AND D EVIN RTH OLA, FL 32505 IAMES RTH OLA, FL 32505 DBERT B. RTH OLA, FL 32505 PAT RTH OLA, FL 32505 | Trust Fund C DIRECTORS Delete Delete Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE | Personal Property of the second secon | Added to Fees ADDITIONS/CHA TER M 83 W. 115 A COLA 13 RAIN 15 A COLA 1 | FIGURES TO OFFICE Anis, M PAUIS 11: 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 | Prida Department of ERS AND DIRECTOR Chair 25/4 Chair 25/4 Chair C | of State IS IN 10 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition | |
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| indicated on this report of 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 receiverent 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: 1/3/07/850/393-7279 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | P JURA, KE 6575 NOF PENSACC VP LEKER, J, 6575 NOF PENSACC TD SIMS, RO 6575 NOF PENSACC D KOSTIC, I 6575 NOF PENSACC S HOBBS, M 6575 NOF PENSACC D BELL, RO | May 1, 2007 OFFICERS AND D EVIN RTH OLA, FL 32505 IAMES RTH OLA, FL 32505 DBERT B. RTH OLA, FL 32505 PAT RTH OLA, FL 32505 MARGIE RTH OLA, FL 32505 | Trust Fund C Directors Delete Delete Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME | Personal Per | Added to Fees ADDITIONS/CHA TER M 83 W. 115 A COLA 13 RAIN 15 A COLA 1 | FIGURES TO OFFICE Anis, M PAUIS 11: 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 1, FL. 3 | Prida Department of ERS AND DIRECTOR Character Character Character 2501-250 Parcharacter Character 2514 Character Character 505 Character | of State IS IN 10 Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition Inge Addition | |
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