

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90213 015 \*\*\*\*70.00

60001360



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0018304 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

GOODMAN-GUENTHER, JOYCE P.A.  
10723 SW 104 STREET  
MIAMI, FL 33176

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reinstating) 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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLON, CRISTINO	
STREET ADDRESS	27313 SOUTHWEST 121 AVENUE	
CITY - ST - ZIP	HOMESTEAD, FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, EPIE	
STREET ADDRESS	11794 SOUTHWEST 273 LANE	
CITY - ST - ZIP	HOMESTEAD, FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, WALLACE	
STREET ADDRESS	11860 SW 273 LN	
CITY - ST - ZIP	HOMESTEAD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, GREGORY	
STREET ADDRESS	12015 SW 270 STREET	
CITY - ST - ZIP	HOMESTEAD, FL 33032	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALDES, DANNY	
STREET ADDRESS	27145 SOUTHWEST 119 COURT	
CITY - ST - ZIP	HOMESTEAD, FL 33032	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEELE, VERNON	
STREET ADDRESS	27051 SW 119 COURT	
CITY - ST - ZIP	HOMESTEAD, FL 33032	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 Date Daytime Phone