

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90078 028 ****70.00

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01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2868623

Applied For
Not Applicable

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

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	ED	<input checked="" type="checkbox"/> Delete		TITLE	ED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RABON, KATHY S			NAME	Robert Freedman		
STREET ADDRESS	107 PARK STREET			STREET ADDRESS	1612 Farrier Trail		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP	Clearwater, FL 33765		
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAGIDSON, JOSHUA			NAME	Steve Carlisle		
STREET ADDRESS	981 BAY ESPLANADE			STREET ADDRESS	23499 US Hwy 19 N		
CITY-ST-ZIP	CLEARWATER, FL 33767			CITY-ST-ZIP	Clearwater, FL 33765		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARLISLE, STEVE			NAME	Mark H. Edmunds		
STREET ADDRESS	3 HARBORSIDE			STREET ADDRESS	100 S. Ashley Dr., Suite 1000		
CITY-ST-ZIP	BELLEAIR, FL 33756			CITY-ST-ZIP	Tampa, FL 33602		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDMUNDS, MARK			NAME	Daniel M. Doyle, Jr.		
STREET ADDRESS	1019 CHILLUM COURT			STREET ADDRESS	3 Stonegate Dr		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP	Belleair, FL 33756		
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUBRAIL, KAREN			NAME			
STREET ADDRESS	1111 MCMULLEN BOOTH RD			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33759			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPRINGER, HEATHER			NAME	Jill Melkonian		
STREET ADDRESS	1611 FOX RUN DR.			STREET ADDRESS	2712 Redford Ct.		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP	Clearwater, FL 33761		

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: *Karen Jubrail* **1-26-07 7277122762**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #