

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90312 001 ***122.50

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04072007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1141042** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINDEBRENNER, OPAL
400 BISCAYNE BLVD.
MIAMI, FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

4-8-07
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** ☐ Delete
NAME **WINEBRENNER, OPAL**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **D** ☐ Delete
NAME **CHAVIANO, EMILIO**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **D** ☐ Delete
NAME **GALVEZ, NANCY**
STREET ADDRESS **400 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **D** ☐ Delete
NAME **BRIDGES, EUGENE**
STREET ADDRESS **10932 GRIFFING BLVD.**
CITY-ST-ZIP **NORTH MIAMI, FL 33161**

TITLE **D** ☐ Delete
NAME **HUTSON, JAMES J**
STREET ADDRESS **400 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Opal Windebrener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-8-07

Daytime Phone #