## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2008 8:00 am Secretary of State

Principal Place of Business POST OFFICE BOX 333 SEBRING, FL 33871-0333 SEBRING, FL 33871-0333 SEBRING, FL 33871-0333  2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  Name  Name  To All H. Contre
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Solute, Apt. #, etc.  City & State  City & State  4. FEI Number 59-0233010  Not Applied For 59-0233010  Not Applied For 59-0233010  Not Applied For 59-0233010  Solution, Apt. #, etc.  Country  Solution, Applied For 59-0233010  Not Applied For 59-02330
City & State  4. FEI Number 59-0233010  Not Applied For 59-0233010  Not Applied For 59-0233010  Fee Required  6. Name and Address of Current Registered Agent  Name  Name  Name  Table
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent
Name Tani II C. TH
OSTLER, M DIANE JOAN H. ROTH
531 BEECHCRAFT ST LAKE PLACID, FL 33852  Street Address (P.O. Box Number is Not Acceptable)  R.
City SEBRING FL Zip Code
SEBRING FL 25 Code 35876  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 accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered agent, or both, in the State of Florida.
the obligations of registered agent.  SIGNATURE  SIGNAT
Filling Fee Is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  Make check payable to Florida Department of State
OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TAMES MASON
STREET ADDRESS 2312 FANCY FREE DR. STREET ADDRESS 4014 SANTA BARBARA DE
CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP SEBRING FJ 33875
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STREET ADDRESS 2706 RODNEY ST. STREET ADDRESS 2018 LAKE VIEW 151
CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP SEBRING, F1 33870
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DOLLA BARNHART
WANT OSTI FR DIANE
NAME OSTLER, DIANE STREET ADDRESS 531 BEECHCRAFT ST STREET ADDRESS 2689 SANDY LOAM CT.
STREET ADDRESS 531 BEECHCRAFT ST CITY-ST-ZIP LAKE PLACID, FL 33852  NAME DONNA ISH RIVER CT. STREET ADDRESS 2689 SANDY LOAM CT. STREET ADDRESS SEBRING, FL 33875
NAME OSTLER, DIANE STREET ADDRESS 531 BEECHCRAFT ST CITY-ST-ZIP LAKE PLACID, FL 33852  NAME DONNA ISH RIVER ADDRESS 2689 SANDY LOAM CT. STREET ADDRESS CITY-ST-ZIP SEBRING, F1 33875
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12.-I hereby certify that the information supplied with this filling 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:

HATURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/15/08

863-385-8647

Daytime Phone #