## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Aug 27, 2008 8:00 am Secretary of State 08-27-2008 90010 027 \*\*\*\*61.25

ANNUAL REPORT	
OCUMENT # N27763	J. (E. III)

production of the second

1. Entity Nam	MENT # N27763 * AWKINS BAR ASSOCIATI	ION, INC.					0 027 0	1.20	
Principal Place 332 THIRD S WINTER HAVI		Mailing Address P.O. BOX 821 BARTOW, FL 33831	US	,	401144		a(  8:9   6:8   <b>a</b>   8:1  <b>b</b>   8	IPST MI INNI	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08222008 Ch	g-NP CR	2E037 (12/06)		
City & State	9	City & State			4. FEI Number 59-372572	 1	<del> +-</del>	pplied For	
Zìp	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curren	t Registered Agent			-	ess of New Registe			
LEWIS, CE			Nan	MAREN I. MCHILL					
332 THIRD STREET NW WINTER HAVEN, FL 33881				615 E	at Address (P.O. Pox Number is Not Acceptable)				
			City	BARTON FL 33830					
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 ticle if applicable. (NOTE Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25 9. Election Campaign Financing					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
ITLE	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHANGE	S TO OFFICERS AN		10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DENMARK, CASSANDRA 455 N BROADWAY BARTOW, FL 33830	🔀 Delete	NAME STREET ADDR	ESS			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, DANA 332 THIRD STREET NW WINTER HAVEN, FL 33881	□ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP		re, Dana E. Parker tow Florid		Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	S HICKS, GERALDINE P O BOX 9005 DRAWER AT01 BARTOW, FL 33831	Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	Mod Le15	E. Parke tow Floric	rstrect	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, HAROLD III 2216 GORDON LAKE DRIVE WINTER HAVEN, FL 33884	Detete	TITLE NAME STREET ADOR CITY-ST-ZIP	P.O.	sbl nders Law 6 Box 1279 bw Florida	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	D MEEKS, KAREN I 1125 E MAIN ST BARTOW, FL 33830	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ess US	eks Karen E Main S Etow, Fl	TREET	<b>√</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	☐ Addition	
12. I hereby o	certify that the information supplied wit	th this filing does not qualify fo	or the exemption	ns contained	in Chapter 119, Flori	da Statutes. I further	certify that the in	formation	

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: \_

Kauer D. Muls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR