

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 MAY 13 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2916595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UZELL, JILL
1711 TAMiami TRAIL
#7
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name HANNAH, JOYCE
Street Address (P.O. Box Number is Not Acceptable)
1711 TAMiami TR, #6
City NOKOMIS FL 34275

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]

JOYCE HANNAH

4/30/08

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	P	<input type="checkbox"/> Delete
NAME	HANNAH, JOYCE	
STREET ADDRESS	1711 TAMiami TR #6	
CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, MARGARET	
STREET ADDRESS	1711 TAMiami TRAIL #4	
CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALLISON	
STREET ADDRESS	1711 TAMiami TR #5	
CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANOCK, JENNIE C	
STREET ADDRESS	1711 TAMiami TR #7	
CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UZELL, JILL	
STREET ADDRESS	1711 TAMiami TR #7	
CITY - ST - ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	300130173079
CITY - ST - ZIP	05/23/08--01014--002 **61.25
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.

JOYCE HANNAH
PRESIDENT

4/30/08

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #