

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90020 013 ****61.25

40109886



02212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2488935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CREWS, CLARA H
506 SE LLEWELLYN AVENUE
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name BISHOP BOBBY
Street Address (P.O. Box Number is Not Acceptable)
142 SW BLAINE COURT
City LAKE CITY FL Zip Code 32025

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 Bobby Bishop BOBBY BISHOP TREASURER DATE 7-2-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25
Due by May 1, 2008

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 ☒ Delete
NAME CARSWELL, LEX
STREET ADDRESS 612 NW BLACKBERRY CIR
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE PE ☒ Delete
NAME CREWS, RODNEY L
STREET ADDRESS 506 SE LLEWELLYN AVENUE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VP ☐ Delete
NAME MARTINEZ, MARTY
STREET ADDRESS 573 SW SIESTA PLACE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE T ☐ Delete
NAME BISHOP, BOBBY
STREET ADDRESS 142 SW BLAINE CT
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE S ☐ Delete
NAME ROBINSON, JOE
STREET ADDRESS PO BOX 63
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME CREWS, RODNEY L.
STREET ADDRESS 506 SE LLEWELLYN AVE.
CITY-ST-ZIP LAKE CITY, FL. 32025

TITLE PE ☐ Change ☒ Addition
NAME MIKE BLACK
STREET ADDRESS 146 SW HANCOCK CT.
CITY-ST-ZIP LAKE CITY, FL. 32024

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

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

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

TITLE ☐ Change ☐ 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.

SIGNATURE: Bobby Bishop BOBBY BISHOP DATE 7-2-08 386-752-2502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #