

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90021 010 ****61.25

60017267



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2951543** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETELLE, KENT R
5629 SR 16 WEST
BUILDING #3040
STARKE, FL 32091

7. Name and Address of New Registered Agent

Name **Gregory W. Parsons**
Street Address (P.O. Box Number is Not Acceptable)
5629 SR 16 W
Bldg. #3040
City **Starke** FL Zip Code **32091**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	S KOZDRAS, FRANK W 567 SAN CLEMENTI DR. ORANGE PARK, FL 32003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETELLE, KENT R 2673 SR 230 EAST STARKE, FL 32091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, PHILLIP 5629 STATE ROAD 16 WEST STARKE, FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, RODNEY P 1664 SE CR 18 STARKE, FL 32091	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JAMES E 380 BOYS RANCH ROAD PALATKA, FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, HARRY M JR 2602 SR 230 EAST STARKE, FL 32091	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joe Schiffer 558 George Taylor St. Orange Park, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jack Stuart 10253 Briarcliff Rd.-E Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory W. Parsons 15 Feb 2007 (904)682-3196