## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N31596 1. Entity Namo



FILED Apr 19, 2007 08:00 A Secretary of State

INCORPORATED					<b> </b> 		·	
Principal Placo of Business		Mailing Address		<del></del>				
C/O GEORGE KESSLER 3626 WEST JACKSON STREET PENSACOLA FL 32505 US		C/O GEORGE KESSLER 3626 WEST JACKSON STREET PENSACOLA FL 32505 US		······································				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				##    ##   ##  #    <b>    </b>	if <b>ala</b> ii <b>alaii biaii albii</b>	
Suito, Apt. #, otc		Suite, Apt. #, ctc.			1st MOORE CR2E037 (10/06)			
City & State		City & State			4. FEI Number Applied For 59-1031744 Not Applicable			
Zip Country		Zip Country		ntry	5. Certificate of Status Desirod			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
SYKES, THOMAS 1206 POPPY AVE.			i	Street Address (F	P.O. Box Number is	Not Acceptable)		
	ISACOLA FL 32507							
			City				FL Zip Co	
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.								
$\mathcal{T}$ $\mathcal{C}$ $\mathcal{T}$ $\mathcal{C}$ $\mathcal{C}$ $\mathcal{C}$								
SIGNATURE Thomas Sykes Thomas Sykes Clerk of Sossion 4-16-07 Signature, typed or printed named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Due By May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State								
10.	OFFICERS AND DIF	RECTORS	11.	A	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS I	N 10
TITLE	٥	Delelo 11			☐ Change ☐ Addition			
NAME	LAWRENCE, NEWMAN		NAME	i				ļ
STREET ADDRESS	6601 RICHARDS RD			ET ADDRESS - ST-7IP				
CITY-SI-ZIP	- ENGAGGEATE GEGGG		-1					
TITLE NAME	DP			i	☐ Change ☐ Addition			
STREET ADDRESS	11125, 1116111110		NAME S18F	ET ADDRESS				
CITY-ST-ZIP	2007 OFF FATE:			-ST-ZIP				
TITLE			TITLE				☐ Change	Addition
NAM£	MRS JEANNE BELL	**	NAME				_ •	_
STREET ADDRESS	4040 GLENWAY DR			ETADDRESS				ĺ
CITY-ST-71P	PENSACOLA FL 32526		CITY	-SI-7IP				
TITLE	D	☐ Delete	TITLE	l		U0000071	322 <b>5</b> Change	Addition
NAME	MARTEL, LINDA MRS	NAN exter			05/01/07-80013-018 61.25			
STREET ADDRESS CITY-ST-7IP	870 GREEN HILLS RD			ET ADDRESS -SI-ZIP				
	CANTONMENT FL 32533		-				Change	☐ Addilton
TITLE NAME	D DANIEL, RICHARD	☐ Deleie TIILE NAM		ı			☐ Change	L Addition
STREET ADDRESS	1620 W LARUA ST		B.	ET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32501	<b>E</b>		-SI-ZIP				
TITLE		☐ Delete	1010.	: -			☐ Change	Addition
NAME			NAM	ε				
STREET ADDRESS				ET ADDRESS			•	
CITY-ST-ZIP	<u> </u>			-ST-7IP				
12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 local effect as if made under path; that I am an officer or director								

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as it made under oath; that I am an officer or director of the coreview 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: /homas

4-16-07

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