


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 037 ****61.25

DOCUMENT # N33499 1. Entity Name ZEPHYRHILLS B.P.O.E. #2731, INC.					
Principal Place of Business 6851 WIRE RD. ZEPHYRHILLS, FL 33542-1655 US			Mailing Address P.O. BOX 1406 ZEPHYRHILLS, FL 33539-1406 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2806594	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITCHIE, R M 6531 FOXMOOR DRIVE ZEPHYRHILLS, FL 33541			7. Name and Address of New Registered Agent Name: <u>William Knapp</u> Street Address (P.O. Box Number is Not Acceptable): <u>11116 Melody Lane</u> <u>DADE CITY FL 335</u> City: <u>DADE CITY</u> FL Zip Code: <u>33525</u>		
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: <u>William Knapp</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>04-25-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, R M 6531 FOXMOOR DRIVE ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Albert Shaffer 29929 Briarhorn Loop Wesley Chapel FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER ROBERTS, JOHN T SR 35452 JOMAR AVE ZEPHYRHILLS, FL 335414639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Hart 6323 Laramie Loop Zephyrhills FL 33542-1708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, ALICE M 5344 HILL DR ZEPHYRHILLS, FL 335423332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER Alice Perry 5344 Hill Dr. Zephyrhills FL 33542-3332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHEY, ERLAND J 39835 SUNBURST DRIVE DADE CITY, FL 335251474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Withey Erland J 38528 Sparrow Court DADE CITY FL 33525-1756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, WILLIAM 11116 MELODY LN DADE CITY, FL 33525	<input type="checkbox"/> Delete	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"/> Delete				
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: <u>Alice M. Perry</u> <u>4/25/07</u> <u>813-782-4604</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					