

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90035 028 ****61.25

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01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1661023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBRAH L ESQ
759 S FEDERAL HWY STE 212
STUART, FL 34994

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILCOX, MILTON
STREET ADDRESS 3721 SE FLINTLOCK RD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

☐ Delete
☐ Change ☐ Addition

TITLE VP
NAME MCCARTHY, JAMES
STREET ADDRESS P.O. BOX 405
CITY-ST-ZIP SHELTER ISLAND HEIGHTS, NY 11965

☐ Delete
☐ Change ☐ Addition

TITLE T
NAME FEUERBERG, PAUL
STREET ADDRESS 8552 SHADOW WOOD BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071

☐ Delete
☐ Change ☐ Addition

TITLE S
NAME BARNETT, RHONDA
STREET ADDRESS 1800 SUNSET HARBOUR DR #2302
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ Delete
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
☐ Change ☐ 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: William Wilcox PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-781-8619