

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 010 ****61.25

40030001



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0202092 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ELVER, RALPH
461 HWY 29 SOUTH
LABELLE, FL 33935

7. Name and Address of New Registered Agent

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, 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	<input type="checkbox"/> Delete
DV	NICHOLSON, RALPH W MR.	1216 CAPTAIN HENDRY DR.	LABELLE, FL 33935	<input type="checkbox"/>
SD	WILLIAMS, DIANA MRS.	780 OKLAHOMA AVE.	LABELLE, FL 33935	<input checked="" type="checkbox"/>
T	SHERROD, WILLIAM H J.R.	345 7TH AVE	LABELLE, FL 33935	<input checked="" type="checkbox"/>
D	SANTIAGO, EFRAIN MR.	4047 OAKHAVEN DRIVE	LABELLE, FL 33935	<input checked="" type="checkbox"/>
D	HANDLEY, JEFFREY MR.	4065 E. SUNFLOWER CIRCLE	LABELLE, FL 33935	<input type="checkbox"/>
PD	RODRIGUEZ, JORGE D MR.	726 CALOOSA ESTATES DRIVE	LABELLE, FL 33935	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	LAMBERT, WILLIAM MR.	868 AVALON AVE.	LABELLE, FL 33935	<input type="checkbox"/>
SD	WILLIAMS, DIANA MRS.	201 CHURCH WAY	LABELLE, FL 33935	<input checked="" type="checkbox"/>
T	SHERROD, CAREY MRS	1073 HERITAGE ROAD	FELDA, FL 33930	<input type="checkbox"/>
D	ALEXANDER, AARON MR.	4785 CRESCENT AVE. SW.	LABELLE, FL 33935	<input type="checkbox"/>
D	NOBLES, GERALDINE MRS.	620 FT THOMPSON AVE.	LABELLE, FL 33935	<input type="checkbox"/>
				<input type="checkbox"/>

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

3-5-07 863-675-0003

Date

Daytime Phone #