


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90088 049 \*\*\*\*61.25

<b>DOCUMENT # N38842</b> 1. Entity Name OLD STILL ROAD IMPROVEMENT ASSOCIATION INC.					
Principal Place of Business 141 OLD STILL ROAD CRAWFORDVILLE, FL 32327 US			Mailing Address 141 OLD STILL ROAD CRAWFORDVILLE, FL 32327 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3025581	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  DUNBAR, PATRICIA L. 141 OLD STILL ROAD CRAWFORDVILLE, FL 32327				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNBAR, PATRICIA L. 141 OLD STILL ROAD CRAWFORDVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID, JANIS 121 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, RICHARD 100 OLD STILL ROAD CRAWFORDVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, BRIAN 81 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, JIMMIE 112 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEGEL, JIM 131 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lewis, Bill 25 Old Still Road Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, JIMMIE 112 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLEGEL, JIM 131 OLD STILL ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Patricia L. Dunbar</i> Patricia L. Dunbar 04/21/07 413-6904					