

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90464 047 ****61.25

40031040



04062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3036444 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DUNAWAY, SUE D
1100 LOWRY AVE.
#42
LAKELAND, FL 33801

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

Sue D. Dunaway no change

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-07

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	DT	<input type="checkbox"/> Delete
NAME	SUE D DUNAWAY	
STREET ADDRESS	1100 LOWRY AVE., #42	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, JEROME	
STREET ADDRESS	1100 LOWRY AVE #65	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, CHRISTINA	
STREET ADDRESS	1100 LOWRY AVE #67	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DOLORES	
STREET ADDRESS	1100 LOWRY AVE 13	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEEN, JOHN	
STREET ADDRESS	1100 LOWRY AVE 25	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLICK, MIKE	
STREET ADDRESS	1100 LOWRY AVE 52	
CITY-ST-ZIP	LAKELAND, FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Nicholson	
STREET ADDRESS	1100 Lowry Ave #48	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Cloud	
STREET ADDRESS	1100 Lowry Ave #31	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sue D. Dunaway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue D. Dunaway, Treasurer

4-28-07

DATE

(863) 667-3302

DAYTIME PHONE #