

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90036 029 \*\*\*\*70.00

40052096



02212007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3007548** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR., ESQ  
6645 RIDGE ROAD  
PORT RICHEY, FL 34668

## 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	DST	<input type="checkbox"/> Delete
NAME	DENNIS, MARIE	
STREET ADDRESS	7809 MASSACHUSETTS AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BARNETT, BEVERLY	
STREET ADDRESS	6220 MISSOURI AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELIE, KING	
STREET ADDRESS	3707 CORSAIR COURT	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RICKUS, IRENE K	
STREET ADDRESS	7809 MASSACHUSETTS AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODARO, MAUREEN	
STREET ADDRESS	1740 FAIRFIELD ST.	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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	<input 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	<input 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	

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

*Irene Rickus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Rickus

Date

3/19/07

Daytime Phone #

727-841-4200