

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90027 047 \*\*\*\*61.25

40047404



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0233693** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THOMPSON, STEPHEN ESQ  
1205 MANATEE AVE W  
BRADENTON, FL 34205

## 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NAVANS, LAUREL	
STREET ADDRESS	6250 HOLMES BLVD 23	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZZI, DOROTHY	
STREET ADDRESS	6250 HOLMES BLVD., #34	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SNYDER, WILLIAM	
STREET ADDRESS	6250 HOLMES BLVD., #26	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KORTIS, HOWARD	
STREET ADDRESS	6250 HOLMES BLVD., #41	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FLEISH, JACK	
STREET ADDRESS	6250 HOLMES BLVD #70	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #