

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 010 \*\*\*\*61.25

40027367



01072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0612863

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

## 6. Name and Address of Current Registered Agent

MARINO, PAUL J ESQ  
261 WINWARD PASSAGE  
SUITE G  
CLEARWATER, FL 33767

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2215 DONATO DRIVE  
Belleair Beach FL 33786

8. The above named entity submits the 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 reissuing)

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	P	<input checked="" type="checkbox"/> Delete
NAME	KOTNOUR, JOHN	
STREET ADDRESS	14662 S CONSTANCE	
CITY-ST-ZIP	OLATHE, KS 66062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOLAN, KEVIN	
STREET ADDRESS	12 MORRISON RD	
CITY-ST-ZIP	WINDHAM, NH 03087	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, PHIL	
STREET ADDRESS	7901 COUNTRY CLUB DR	
CITY-ST-ZIP	TRUSSVILLE, AL 35173	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WOOLLEN, ANTHONY	
STREET ADDRESS	9617 LEE BLVD	
CITY-ST-ZIP	LEAWOOD, KS 66206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CARL Osburn	
STREET ADDRESS	1217 MEADOWBEND CT	
CITY-ST-ZIP	ALLEN, TX 75002	
TITLE	VP Barry Orton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	#4 HIGH MESA PLACE	
STREET ADDRESS	RICHARDSON, TX 75080	
CITY-ST-ZIP		
TITLE	VP Jeffery Carr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2532 HILLSIDE HEIGHTS DR.	
STREET ADDRESS	GREEN BAY, WI 54311	
CITY-ST-ZIP		
TITLE	T. DONALD Bridges	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3997 WHISPERING MEADOW DR.	
STREET ADDRESS	RANDALLSTOWN, MD 21133	
CITY-ST-ZIP		
TITLE	S William Deekard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	4216 113th AVE SE	
STREET ADDRESS	SNOHOMISH, WA 98290	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

2/27/07

651-789-2850

Date

Daytime Phone