

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2008 SEP 16 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-3095270

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BERGHOLM, ERIC *Nelson, Robert*  
2415 S. HIMES AVE.  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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 *Robert M. Nelson*

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

200136106112  
09/18/08--01047--013 \*\*70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOST, BRUCE 2415 S. HIMES TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTSON, JANET 59 MARTINIQUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLETT, ANNE 560 W. DAVIS BLVD. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, SUZAN 3109 W. OAKLYN AVE. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Candyn Greene 122 martinique ave Tampa FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD susan merrill 3101 Oaklyn Ave Tampa FL 33609

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/08