2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46454

FILED Mar 01, 2007 8:00 am Secretary of State 03-01-2007 90008 026 ****61.25

NAME BARNES, SUSAN 1295 SE AIRPORT RD SIREET ADDRESS CITY-SI-ZIP ARCADIA, FL 34266 CITY-SI-ZIP	1. Entity Name DESOTO		COUNCIL, IN	IC.						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1032007 Chg-NP CR2E037 (12/06) City & State	310 W WHIDDEN ST 1884 SE MARYLAND ST							IIIA GIDLI BIBIL BIBIL	ilbii Brati Alfiti	Nille de Phine
City & State Country Country Country Country S. Certificate of Status Desirod Set. 75 Applicables Size Applicab	2. Principal P	lace of Business - No P.O. Bo	x # 3. Maili	ng Address						
Example Country Zip Country St. Certificate of Status Desired \$8.75 Additional Foe Required \$8.75 Additional Foe	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.		0103200	7 Chg-NP	CR2E037	(12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. Or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. Or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. Or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. Or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent. Or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Rotids. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Rotids o	City & State		City	City & State					_ 	
Name Street Audress (P. D. Box Number is Not Acceptable) Street Audress (P. D. Box Number is Not Acceptable)	Zip				Country				e Required	
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				News	7. Name a	nd Address of New	Registered Ag	ent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$81.25 Due by May 1, 2007 Protection Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE NAME BARNES, SUSAN SIRRET ADDRESS CITY-S1-2P TITLL TS ARCADIA, FL 34266 TITLE TS ARCADIA, FL 34266 TITLL TS ARCADIA, FL 34266 TREET ADDRESS TREET ADD	124 NORTH BREVARD					ess (P.O. Box Nur	mber is Not Accepted	ble)	· · · · · · · · · · · · · · · · · · ·	
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 Signaturs proof or prince of agent and load is abokeable. Who is Required Agent separate required when remaining) Out					City			FL	Zip Code	-
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE BARNES, SUSAN SIREET ADDRESS SIREET ADDRESS ARCADIA, FL 34266 CITY-S1-2IP ITILE HOOK, BERTA Delete ITILE MAME SIREET ADDRESS CITY-S1-2IP ITILE TILE	the obligat	ions of registered agent.	Bar	nes, F	neside	nt	2/		niliar with, a	and accept
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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	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS P BARNES, SUSAN 1295 SE AIRPORT RD ARCADIA, FL 34266 V HOOK, BERTA 1218 MELODY DRIVE ARCADIA, FL 34266 TS RAYMOND, ANSON G J 1884 SE MARYLAND ST ARCADIA, FL 34266 D LOIS, WRIGHT PO BOX 295 FT ODGEN, FL 34267 D ESPARZA, THERESA 704 O'HARA DR.	R	Trust Fund C	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fe	es Fi	orida Departn	CTORS IN Change Change Change	10 Addition Addition

of the corporation or the receiver or frustee 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.