

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 27 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSL



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3113685

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, JOY E
3619 STROLLING WAY
TALLAHASSEE, FL 32311

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	HILAMAN, LINDA	
STREET ADDRESS	1109 MIMOSA DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, D. JEANIE	
STREET ADDRESS	6345 SINKOLA DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, CAROL	
STREET ADDRESS	1051 LIVE OAK PLANTATION RD.	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STOCKDALE, MIKE	
STREET ADDRESS	JEAN DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKER, JOY E	
STREET ADDRESS	3619 STROLLING WAY	
CITY - ST - ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robyn Sufley	
STREET ADDRESS	804 North Lakeshore Dr	
CITY - ST - ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shan Goff	
STREET ADDRESS	2411 Mimosa Dr.	
CITY - ST - ZIP	Tallahassee, FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heidi Aaron	
STREET ADDRESS	1301 Lucy St.	
CITY - ST - ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

100101628981
05/07/07--01002--030 **61.25

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

4/27/07

Date

PSD-SD9-402

Daytime Phone #