·2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Street Activities (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	No	7. Name and Addre	ss of New Registered Ag	gent	
City FL Zip Code 3. 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 according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida State of Florida. I am familiar with, and according to the state of Florida S								
3. 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 accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida. I am familiar with, and accomplished experted agent, or both, in the State of Florida agent, or both, in the State of Florida agent, or both, in the Sta				Street Addr	ess (P.O. Box Number is No	Acceptable)	· <u>-</u> -	
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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 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 direct 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 1.	ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE IT	D MARTIN, DON 18816 PL ANTIBES LUTZ, FL 33558 PD MCLEAN, MICHAEL 18908 AVENUE BIARRITZ LUTZ, FL 33558 VD MILES, PHYLLIS 18906 PLACE MARQUETTE LUTZ, FL 33558 D LONG, NINA 18726 AVE BIARRITZ LUTZ, FL 33558 TD KNAPP, RON 18926 PLACE MARQUETTE LUTZ, FL 33558 D HEMBREE, RON	Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES DVP Solheim, Lorraine 18913 Avenue Biarritz Lutz, FL 33558 DT Glass, Bob 18814 Place Antibes Lutz, FL 33558 Lutz, FL 33558 DP Wiles, Phyllis 18906 Place Marquette Lutz, FL 33558 DS Lynn, Lynne 18902 Place Marquette Lutz, FL 33558 DH Harrold, Tricia 18930 Avenue Biarritz Lutz, FL 33558 DW Webster, Don 18815 Place Antibes	STO OFFICERS AND DIRE CTOR IRITZ 35558 CTOR BES 22558 TOR 10 ETTE 33558 RROLT RRITZ	Change Change Change	Addition Addition Addition
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