2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001025

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
81 E 44T ACKSON	TH ST NVILLE, FL 322	208		
Current Mailing Address:		ss:	New Mailing Address:	
81 E 44T ACKSON	TH ST NVILLE, FL 322	208		
El Numbe	r: 59-1697011	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
ame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	, SAMUEL L			
UITE 15	F LIFE DR	207 US		
UITE 15 ACKSON he above	F LIFE DR 00 NVILLE, FL 322		ourpose of changing its registere	ed office or registered agent, or both,
UITE 15 ACKSON he above the Stat	F LIFE DR 00 NVILLE, FL 322 e named entity : e of Florida.	submits this statement for the p		ed office or registered agent, or both,
UITE 15 ACKSON he above the Stat	F LIFE DR 00 NVILLE, FL 322 e named entity : e of Florida.			ed office or registered agent, or both, Date
UITE 15 ACKSON he above the Stat	F LIFE DR 00 NVILLE, FL 322 e named entity : e of Florida.	submits this statement for the particles of Registered Agric Signature of Registered Agr	ent	
UITE 15 ACKSON he above the Stat	F LIFE DR 00 NVILLE, FL 322 e named entity : e of Florida. RE: Electror	submits this statement for the particle Signature of Registered Agronal TORS: Delete	ent	Date
HUITE 15 ACKSON THE ABOVE THE STATE HUITE	F LIFE DR 00 NVILLE, FL 322 e named entity se of Florida. RE: Electron S AND DIREC WHITE, KEVIN 55064 FAWN C CALLAHAN, FL	submits this statement for the partic Signature of Registered Ag TORS: Delete TORS: Delete EYMAN E BLVD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W SIZEMORE **TRUS** 04/22/2009