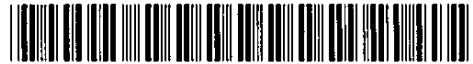


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90025 036 ****78.75

40070039



03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3126650

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required** 2 copies

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STATON, JANELL
4416 W ELM ST
TAMPA, FL 33614

**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 _____
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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	THEODOSAT, SYLVIA
STREET ADDRESS	7710 WEST HIAWATHA ST
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VP
NAME	STURGILL, PENNY
STREET ADDRESS	1000 UNIVERSITY BLVD #C-42
CITY-ST-ZIP	KINGSPORT, TN 37660
TITLE	D
NAME	SMILING, LUCILLE
STREET ADDRESS	11115 N NEBRASKA AVE #211
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	STURGILL, ROBERT
STREET ADDRESS	4416 WEST ELM ST
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	S
NAME	PUNG, CAMBERLA
STREET ADDRESS	8905 HIGH RIDGE CT
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	HUGHES, DAMIEN
STREET ADDRESS	P.O. BOX 1083
CITY-ST-ZIP	GATE CITY, VA 24290

**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: JANELL STATON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-
April 4-08 299-4406
Date Daytime Phone #