

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90022 037 ****61.25

40012100



01222008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0393532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, HARRIET R.
159 DEANNA DRIVE
LAKE PLACID, FL 33852

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

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

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTER, ROBERT	
STREET ADDRESS	159 DEANNA DRIVE	
CITY - ST - ZIP	LAKE PLACID, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRAPER, SHARON	
STREET ADDRESS	99 COLE DANLEY DRIVE	
CITY - ST - ZIP	LAKE PLACID, FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTER, HARRIET	
STREET ADDRESS	159 DEANNA DRIVE	
CITY - ST - ZIP	LAKE PLACID, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOVERN, EDITH L.	
STREET ADDRESS	329 4TH AVE	
CITY - ST - ZIP	LAKE PLACID, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASTARDI, STEVE	
STREET ADDRESS	36 TWIN LAKES ROAD	
CITY - ST - ZIP	LAKE PLACID, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONETT, JOE	
STREET ADDRESS	404 BOTTLEBRUSH RD	
CITY - ST - ZIP	LAKE PLACID, FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: HARRIET PORTER Harriet Porter, President 1/24/08 8624652389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #