## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002633

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	GLIN PKWY. ON BCH., FL	32548		
urrent M	lailing Addres	ss:	New Mailing Address	s:
	GLIN PKWY. ON BCH., FL	32548		
El Number	: 59-3273184	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
SECULVIAL .	IOLINI			
26 NE É0 T. WALT he above	JOHN GLIN PKWY. ON BCH., FL named entity of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
26 NE É0 T. WALT he above	GLIN PKWY. ON BCH., FL named entity of Florida.  RE:	submits this statement for the p		
26 NE ÉC T. WALT The above n the State SIGNATUI	GLIN PKWY. ON BCH., FL named entity of Florida. RE: Electror	submits this statement for the particles of Registered Age	ent	Date
26 NE ÉC T. WALT The above n the State SIGNATUI	ELIN PKWY. ON BCH., FL  named entity of Florida.  RE: Electror  S AND DIREC  D ( BROWN, JOHN 126 NE EGLIN	submits this statement for the partic Signature of Registered Age TORS:  Delete	ent	Date
26 NE ÉC T. WALT The above In the State SIGNATUI DFFICER: itte: lame: ddress:	ELIN PKWY. ON BCH., FL  named entity of Florida.  RE: Electror  S AND DIREC  D BROWN, JOHN 126 NE EGLIN FT. WALTON B	submits this statement for the partic Signature of Registered Age TORS:  ) Delete I PKWY. BEACH, FL 32548  ) Delete EN	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: JOHN T. BROWN 01/05/2009 D