

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90001 047 \*\*\*\*70.00

40132104



08282007 Chg-NP CR2E037 (12/06)

4. FEE Number  
59-3115614

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCANLAN, DEBORAH F  
4401 14TH STREET N.E.  
ST PETERSBURG, FL 33703

## 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

*Deborah F. Scanlan*

Deborah F. SCANLAN

8/28/07

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 September 14, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
LONG, CURTIS REV.  
1601 22ND AVENUE SOUTH  
SAINT PETERSBURG, FL 33712

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
MORGENSTEIN, HARVEY  
9525 BIND PASS ROAD  
ST PETERSBURG, FL 33706

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
MOORHEAD, SHARON  
995 46TH AVE NORTH  
SAINT PETERSBURG, FL 33703

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
SCANLAN, DEBORAH  
4401 14TH STREET N.E.  
ST PETERSBURG, FL 33703

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RAWSON, KITTY  
110 59TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33705

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

*Deborah F. Scanlan*

Deborah F. SCANLAN

8/28/07

927-432-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #