2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N93000003	-			(02-05-2008 9	90006 044	****61.7	25
Principal Place of Business P.O. BOX 280 22027 SOUTHEAST 65TH AVENUE HAWTHORNE, FL 32640 US		Mailing Address 202 NORTH JOHNSON STREET DEL E PO BOX 280 HAWTHORNE, FL 32640 US		ETE					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						# 1019 MIN 11	831 B1 1880)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-1570	536		· — — ·	plied For t Applicable
Žip	Country Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required			itional		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered A	gent	
			Name				-		
COLVIN, ELEANOR J 18107 SE HAWTHORNE RD P O BOX 245			Street	Street Address (P.O. Box Number is Not Acceptable)					
HAWTHOR	RNE, FL 32640		l						
			City				FL	Zip Code	9
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered office	or registere	ed agent, or both	, in the State of F	Torida. I am f	amiliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sign	eture required	when reinstating)		DATE		
·	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca	TE: Registered Agent sign impaign Financing Contribution.		\$5.00 May Be Added to Fees	, ,	Make check orida Depart		
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	Impaign Financing Contribution.		\$5.00 May Be Added to Fees	, ,	Make check orida Depart	ment of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Ca Trust Fund	Empaign Financing Contribution.		\$5.00 May Be Added to Fees CO:TIONS/CHA	Fig NGES TO OFFIC	Make check orida Depart	ment of St	ate
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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.