2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2007 8:00 am Secretary of State 09-06-2007 90009 026 ****61.25

1. Entity Nan	RTHEAST COTILLION OF S					2007 90009		*61.25	
ST. THOMAS 1200 SNELL	ce of Business CHURCH LISLE B1 NE BURG, FL 33704	Mailing Address 930 BAYVIEW PLACE NE ST. PETERSBURG, FL 33	=		40131425				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		082	92007 Ch	ng-NP	CR2E0	37 (12/06)	
City & Sta	te	City & State	······································	4. FE	Number OT APPLI	CABLE			oplied F ot Appli
Zip	Country	Zip	Country	5. Ce	ertificate of Sta	atus Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Na	me and Add	ress of New F	Registered	Agent	
GARNET	•		Name	Simbe	chy-	Phillip	၁ <u>၄</u>		
	'IEW PLACE NE RSBURG, FL 33704		Street Ad	dress (P.O. Bo	X Number is	Not Acceptable	")NE		
			City	177	10-4	·····	FL	Zip Cod	le .
8. The above	named entity submits this statement for	the purpose of changing its re	- Landid	egistered age	nt, or both, in			- ~ ~ '	and ac
the obliga	tions of registered agent.	<u>-11</u>)			
SIGNATURE		unit					 		
ŞIGNATURE	Signature, typed or printed name of registered agent a	and tide if applicable. (NOTE:	Registered Agent signature	a required when rein	stating)		DATE	·	
	Signature typed or printed name of registered agent of Filling Fee is \$61.25 tue by September 14, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.0	O May Be to Fees		lake chec	k payable t	
10.	Signature typed or printed name of registered agent of Filling Fee is \$61.25 tue by September 14, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Added	O May Be to Fees		lake chec rida Depai	rtment of S	tate
10.	Filing Fee is \$61.25 Sue by September 14, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	S5.00 Added	May Be to Fees	Flor ES TO OFFICE	lake chec rida Depai	rtment of S	tate
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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 informatic 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP