

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90023 049 \*\*\*\*61.25

<b>DOCUMENT # N93000004455</b> 1. Entity Name <b>FAIRWAY SOCIAL ORGANIZATION, INC.</b>					
Principal Place of Business <b>1100 S BELCHER RD LARGO, FL 33771</b>			Mailing Address <b>1100 SOUTH BRICHLER RD SUITE 624 LARGO, FL 33771</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1100 S BELCHER RD LOT 682</b> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>LARGO, FLORIDA</b> Zip      Country <b>33771-3409      PINELLAS</b>		4. FEI Number <b>59-2028861</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>TABOR, ANN 1100 S BELCHER RD 624 LARGO, FL 33771</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>VIRGINIA J TREFZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 SO BELCHER RD LOT 682</b> City <b>LARGO</b> <b>FL</b> Zip Code <b>33771-3409</b>		
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 <b>VIRGINIA J TREFZ</b> <i>Virginia J Trefz</i> <b>1-15-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABER, ANN 1100 SOUTH BRICHLER RD #624 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, CARLA 1100 SOUTH BRICHLER RD #680 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOLLOY, JUDY 1100 SOUTH BELCHER RD. #448 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE THUENEMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 SO BELCHER RD LOT 644 LARGO, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIELDS, MARJORIE 1100 S. BELCHER RD. #764 LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Virginia J Trefz</i> <b>1-15-08</b> <b>727-449-1043</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					