

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 008 ****61.25

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02052008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0468177** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

OPALEWSKI, PATRICK
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

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

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 May 1, 2008**

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 PD
NAME OPALEWSKI, PATRICK ☒ Delete
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D-ST
NAME HELLER, DAVE ☐ Delete
STREET ADDRESS 451 SW 57TH AVE
CITY-ST-ZIP Ocala, FL 34474

TITLE D-V
NAME FRANK, DON ☐ Delete
STREET ADDRESS 5516 SW 1ST LANE
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Ronald E. Nowviskie
STREET ADDRESS 275 Clyde Morris Blvd.
CITY-ST-ZIP Ormond BEach, FL 32174

TITLE VD ☒ Change ☐ Addition
NAME David Heller
STREET ADDRESS 451 SW 57th Ave
CITY-ST-ZIP Ocala, FL 34474

TITLE ST-D ☒ Change ☐ Addition
NAME Don Frank
STREET ADDRESS 5516 SW 1st Lane
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald E. Nowviskie, Pres. 3/29/2008 386 671 4908

Date

Daytime Phone #