

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90264 014 ****61.25

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04162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3225273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, DAVID
114 BEAUFORT DR.
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name Owen Burch
Street Address (P.O. Box Number is Not Acceptable)
919 Longwood Hills Road
City Longwood State FL Zip Code 32750

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 Gilbert Owen Burch Gilbert Owen Burch 4-20-2007
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, 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	<input type="checkbox"/> Delete
P/T	TICE, JAMES	8 W. THRUSH	APOKA, FL 32712	<input type="checkbox"/>
V/T	BAUCOM, ROBERT	944 BAKEWELL CT. APT. 202	LAKE MARY, FL 32746	<input type="checkbox"/>
T/T	BURCH, GILBERT O	358 HANGING MOSS	LAKE MARY, FL 32746	<input type="checkbox"/>
S/T	BURCH, GILBERT D	755 OAKLAND HILLS CIR., APT #107	LAKE MARY, FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V/T	Baucum, Robert	546 Bingham Place	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/T	Burch, Gilbert O	755 Oakland Hills Cir. #107	LAKE MARY FL 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Burch, Gilbert O			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gilbert Owen Burch Gilbert Owen Burch 4-20-07 407 330-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #