

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90049 015 \*\*\*\*61.25

40029062



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**62-1845930**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, PA  
248 MIRACLE STRIP PKWY SW STE 7  
FORT WALTON BEACH, FL 32548

*still same correct*

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 reappointing)

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	PD	<input type="checkbox"/> Delete
NAME	DANIELS, DON E	
STREET ADDRESS	4421 THOMAS DRIVE UNIT 1002	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, KEN	
STREET ADDRESS	554 OPPERT ROAD	
CITY-ST-ZIP	DOTHAN, AL 36301	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLOWAY, JOHN	
STREET ADDRESS	109 SANDY SPRINGS ROAD	
CITY-ST-ZIP	DOTHAN, AL 36303	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HARRELL, DEBBIE	
STREET ADDRESS	4421 THOMAS DRIVE UNIT 201	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEARY, RAP	
STREET ADDRESS	4421 THOMAS DR., UNIT 902	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON E. DANIELS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN EVERETT	
STREET ADDRESS	103-5 BLISSETT DR.	
CITY-ST-ZIP	DOTHAN, AL 36301	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HOLLOWAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS FERLISI	
STREET ADDRESS	2341 COUNTRY RIDGE DR.	
CITY-ST-ZIP	BIRMINGHAM, AL 35243	

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

Date

Daytime Phone #

*Don E Daniels President 2/6/07 850-233-1957*