

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 021 ****61.25

60003356



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0203229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHILLINGFORD, ALBERT C.
1530 BAVON DRIVE
DELTONA, FL 32725

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, 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	T	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, HECTOR	
STREET ADDRESS	738 WAYWOOD AVE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYLES, JOSEPH	
STREET ADDRESS	145 GRAND JUNCTION BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	IG	<input type="checkbox"/> Delete
NAME	MARRIOTT, CANUTE	
STREET ADDRESS	713 WAYWOOD AVE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHILLINGFORD, ALBERT	
STREET ADDRESS	1530 BAVON DRIVE	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REID, WESLEY	
STREET ADDRESS	2771 VALIANT DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ELEAZER	
STREET ADDRESS	3917 BROOK MYRA DR	
CITY-ST-ZIP	ORLANDO, FL 32837	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARL, LLOYD	
STREET ADDRESS	8606 VALLEY RIDGE CT.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, DOUET	
STREET ADDRESS	4451 OAKHAM CT.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-15-07

Date

407-857-4061

Daytime Phone #