

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 15 PH 2:55

CLERK OF STATE
TALLAHASSEE, FLORIDA



09102008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0603019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NIES, REBECCA
13630 77TH STREET
FELLSMERE, FL 32948

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 September 12, 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	D	<input type="checkbox"/> Delete
NAME	NIES, BARRY	
STREET ADDRESS	13630 77TH ST	
CITY-ST-ZIP	FELLSMERE, FL 32948	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COURNOYER, BRUCE	
STREET ADDRESS	143 SW 192ND ST	
CITY-ST-ZIP	MIAMI, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, GEORGE	
STREET ADDRESS	POB 1001	
CITY-ST-ZIP	LAKE PLACID, FL 33862	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCMANUS, CHARLEEN	
STREET ADDRESS	15830 42ND	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEES, TOMMY	
STREET ADDRESS	17045 HW 441 N	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BUDDY	
STREET ADDRESS	365 NIEUPORT DR	
CITY-ST-ZIP	VERO BEACH, FL 32968	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700136102937	
STREET ADDRESS	09/18/08--01043--005 **61.25	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Ingram	
STREET ADDRESS	4116 Little Rd	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Al Scott	
STREET ADDRESS	365 Nieuport Dr.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Summerford	
STREET ADDRESS	4793 Hwy 441 S	
CITY-ST-ZIP	Okeechobee, FL 34974	
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:

Rebecca Nies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/08

Date

(772)360-8464

Daytime Phone