2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCLIMENT # NOADOODS647

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 2008 8:00 am Secretary of State

1. Entity Nam	OF AMERICA - THE POLK	04-	-22-2008 9002	9 026 ****61.2	25		
Principal Place 2001 MERCY SUITE 101 ORLANDO, FL	DR	Mailing Address 2001 MERCY DR SUITE 101 ORLANDO, FL 32808	US		11 1 11 11 111 11 111 11 111 11 111 11 111	BRIEF BILID CHIA BURIL IBRI	il i di 1 03 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252008 Ch	ng-NP CF	R2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3289594		 ''	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired [\$8.75 Addi	
Name and Address of Current Registered Agent			Name	7. Name and Addr	ress of New Regist	tered Agent	
WILLIAM R LOWMAN, JR. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801							
			Street Address	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 .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Agent signatura raqui	ired when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribution			· · · —	\$5.00 May Be Added to Fees	f	check payable to Department of Sta	
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGE	ES TO OFFICERS A		
TITLE NAME	D BROWN, CHARLES	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY - ST - ZIP	į'		STREET ADDRESS CITY-ST-ZIP				
TITLE	ORLANDO, FL 32819 .	□ Delete	TITLE			☐ Change	Addition
NAME	BROWN, DONALD S		NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	DP	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	LORI CONSTANTINO-BROWN 5519 BAY SIDE DR		NAME STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32836		CITY - ST - ZIP				
TITLE NAME	D MADOUSE, PATRICIA	☐ Delele	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	8085 N CADIZ CT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP				
TITLE NAME	DS MCMURTY, GRADY S	☐ Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4698 HALL RD ORLANDO, FL 32817		STREET ADDRESS				
TITLE	ORLANDO, PL 32817	Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
NAME		_ bullet	NAME			onenge	
STREET ADDRESS !			STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empor or on an attachment with an address. Y	this filing does not qualify for the	ne exemptions contains	ed in Chapter 119, Flori	ida Statutes. I furth	er certify that the inf	ormation