

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90033 012 ****61.25

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01042007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3293337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARY L
4004 EDGEWATER DR
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TAYLOR, SYLVESTER
STREET ADDRESS 3781 LASSON CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE SD
NAME PAPAS, JIM
STREET ADDRESS 7249 MANDELL COURT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE VD
NAME ECKERT, KEVIN
STREET ADDRESS 3709 LASSON CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE TD
NAME ALLY, SERBA
STREET ADDRESS 7265 MARDELL CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D
NAME BIRD, JULIE
STREET ADDRESS 7333 MARDELL CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

Sylvester Taylor Sylvester Taylor, President 4/9/07 407-299-9009