

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90003 001 ****61.25

40130000



08032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3298525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, RAY
2313 BRIDGEWATER COURT
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name *Carolyn Garner*
Street Address (P.O. Box Number is Not Acceptable)
4132 San Servera Dr S.
City *Jacksonville* FL Zip Code *32217*

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 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	C	<input checked="" type="checkbox"/> Delete
NAME	SHAW, RAY	
STREET ADDRESS	2313 BRIDGEWATER CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINKO, GUY	
STREET ADDRESS	2415 GOLDEN BELL LN.	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RYAN, TOM	
STREET ADDRESS	1806 SHERWOOD DR.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARNER, CAROLYN	
STREET ADDRESS	4132 SANSERVERA DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Sineath	
STREET ADDRESS	1404 Chestnut Leaf Ct	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Brashear	
STREET ADDRESS	1644 Royal Fern Lane	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	Chair of Trustees	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garner, Carolyn	
STREET ADDRESS	4132 San Servera Dr	
CITY-ST-ZIP	Jacksonville, FL 32217	
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #