

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90054 028 ****61.25

60002347



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6168915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOTEN, JOHN
1652 CORDOVA AVE
HOLLY HILL, FL 32117

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 *John D. Wooten* John D. Wooten 1/5/07
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	P	<input type="checkbox"/> Delete
NAME	BLALS, GILLES	
STREET ADDRESS	710 MAGNOLIA AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN, MARY	
STREET ADDRESS	1652 CORDOVA AVE.	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUGHTERY, DAN	
STREET ADDRESS	1882 RIVERSIDE DR	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERKINS, LYNN	
STREET ADDRESS	920 RIVERSIDE DRIVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADILLOVICH, MARSHA	
STREET ADDRESS	38 CIRCLE DR	
CITY-ST-ZIP	PORT ORANGE, FL 321273917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMITT, LOU	
STREET ADDRESS	1000 WALKER ST SUITE 328	
CITY-ST-ZIP	HOLLY HILL, FL 32117	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Kohlman
STREET ADDRESS	234 Daytona Ave.
CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Markovich
STREET ADDRESS	19 Ridge Trail
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Woodward
STREET ADDRESS	349 Tropical Lane
CITY-ST-ZIP	Ormond Beach FL 32174

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: *John D. Wooten* John D. Wooten 1/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #