2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005103

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
946 HERTON ACKSONVILL	N DR LE, FL 32223	US			
urrent Mailii	ng Address:		New Mailing Addres	ss:	
O BOX 147 ACKSONVILL	LE, FL 32223	US	11111-70 SAN JOSE UNIT 147 JACKSONVILLE, FL		
El Number: 59-3	3342066 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
he above nan	N DR LE, FL 32258 med entity subm	US	purpose of changing its registere	ed office or registered agent, or both,	
946 HERTON ACKSONVILL	N DR LE, FL 32258 med entity subm		purpose of changing its registere	ed office or registered agent, or both,	
946 HERTON ACKSONVILL he above nan the State of I	N DR LE, FL 32258 med entity subm Florida.			ed office or registered agent, or both, Date	
946 HERTON ACKSONVILL The above nan In the State of I	N DR LE, FL 32258 med entity subm Florida.	its this statement for the gnature of Registered Ag	ent		
946 HERTON ACKSONVILL The above nan In the State of I SIGNATURE: DFFICERS AN Itile: PD ame: LU ddress: 82	N DR LE, FL 32258 med entity subm Florida. Electronic Sig	its this statement for the granture of Registered Ag S: e	ent	Date	
946 HERTON ACKSONVILL he above nan i the State of I IGNATURE: PFFICERS AN tle: PC ame: LU ddress: 82 ity-St-Zip: JA tte: VD ame: GL ddress: 32 ddress: 32	N DR LE, FL 32258 med entity subm Florida. Electronic Sig ND DIRECTOR: O () Delet USSIER, MAURICE 181 ABBEYFIELD D UCKSONVILLE, FL	its this statement for the gnature of Registered Ag S: e R 32277 US e RIVE EAST	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUSSIER, MAURICE PR 04/11/2008