

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90050 046 ****70.00

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03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3188241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIMER, LESLEE
130 MALABAR RD SE
PALM BAY, FL 32907

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

Leslee Brimer

Leslee Brimer

3/28/07

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	DIR	<input type="checkbox"/> Delete
NAME	BRIMER, LESLEE	
STREET ADDRESS	130 MALABAR ROAD, SE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRAME, LISA	
STREET ADDRESS	839 BROOKSON AVENUE, NW	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULDOON, DOUGLAS	
STREET ADDRESS	130 MALABAR ROAD, SE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	VIRGIN, SANDY	
STREET ADDRESS	1199 LAMPLIGHTER DRIVE, NW	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	VON EDWINS, STEVE	
STREET ADDRESS	174 NATALIE CIR NE	
CITY-ST-ZIP	PALM BAY, FL 32907	
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 President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steuck, Dennis	
STREET ADDRESS	495 Hurley Blvd., SW	
CITY-ST-ZIP	Palm Bay, FL 32908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Youngblood, Jennifer	
STREET ADDRESS	251 Marion Street	
CITY-ST-ZIP	Indian Harbor Beach, FL 32937	
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:

Leslee Brimer

Leslee Brimer

3/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #