2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Cay & State Only	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
6. Name and Address of Current Registered Agent TRAMMEL, VERSIE P STP LORIDA AVE CLEWISTON FL 33440 8. The above named eatily aubites this statement for the purpose of changing ats registered office or registered agent, or both, in the State of Fortics. I am tender with, and accept the obligations of registered agent. Signature, years agent agent for the purpose of changing ats registered office or registered agent, or both, in the State of Fortics. I am tender with, and accept the obligations of registered agent. Signature, years agent agent for the purpose of changing ats registered office or registered agent, or both, in the State of Fortics. I am tender with, and accept the obligations of registered agent. Signature, years agent agent agent agent agent of the purpose of changing ats registered office or registered agent, or both, in the State of Fortics. I am tender with, and accept the obligations of registered agent. Signature, years agent	Suite, Apt. #. etc. Si			•		OORE C	R2E037 (10/07)		
S. Commission of Status Desired S. Commission of Address of New Registered Agent Name Name			·			65-0625841) 	·	
TRAMMEL, VERSIE P 817 FLORIDA AVE CLEWISTON FL 33440 6. The allower named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of registered agent, or both, in the State of Florida. I am formfair with, and accept the abligations of the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the state of Florida. I am formfair with, and accept the formfair accepts of the state of Florida. I am formfair accepts of the state of Florida. I am formfair with, and accept the florida. PLORIDA STATE ACCEPTATION ACCEPTATION ACCEPTAT	Zip	Country Zip C		Country	5. Certificate of S	Status Desired			
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8. The above named entity stimules this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Land ramiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE				Name	Name				
Signature	817 FLORIDA AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE	CLEWISTON FL 33440								
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