

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 032 ****61.25

40034943



02272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3385097

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROW, CHARLES R
5149 SW 103RD DR
GAINESVILLE, FL 32608

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 Charles R Brown (CHARLES R BROWN) 2/27/08
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, 2008

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	REAMU, BARBARA	
STREET ADDRESS	10242 SW 52ND AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	5149 SW 103N DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARNELL, CARL	
STREET ADDRESS	5123 SW 103 WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARTON, TERRI	
STREET ADDRESS	5235 SW 103 N DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, RICHARD	
STREET ADDRESS	5215 SW 103 N DR	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTER, JAMES	
STREET ADDRESS	10340 51ST LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	EADENS, LOLLY
CITY-ST-ZIP	5235 SW 103 DR GAINESVILLE, FL 32608
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: Charles R Brown (CHARLES R BROWN) 2/27/08 352-379-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #