

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90098 041 \*\*\*\*61.25

40000100



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0668163

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GREENE, ROGER P  
5950 PENINSULAR AVE  
KEY WEST, FL 33040

## 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

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	TD	<input type="checkbox"/> Delete
NAME	PFENT, DAVID J	
STREET ADDRESS	1114 WHITE ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALTERS, KARL	
STREET ADDRESS	5950 PENINSULAR AVE.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTLER, CHARLES W	
STREET ADDRESS	5950 PENINSULAR AVE # 650	
CITY-ST-ZIP	KEY WEST, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAGGIO, LEONA J	
STREET ADDRESS	5950 PENINSULAR AVE.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMONDS, BRAD	
STREET ADDRESS	17131 SEAGRAPE LANE	
CITY-ST-ZIP	SUGAR LOAF KEY, FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROBERT, DANIEL	
STREET ADDRESS	3728 FLAGLER AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Probert	
STREET ADDRESS	3728 Flagler Avenue	
CITY-ST-ZIP	Key West, FL 33040	
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 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-08

Date

305-294-4676

Daytime Phone #