

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1467424

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCFADDEN, LIZA
401 S. MONROE ST.
TALLAHASSEE, FL 32301

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, 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 VP
NAME VIROSTEK, GWYNN
STREET ADDRESS 40 EAST PALMETTO PARK RD.
CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE PCEO
NAME MCFADDEN, LIZA
STREET ADDRESS 401 S. MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE TREA
NAME GRIFFIN, DAVID
STREET ADDRESS 801 1/2 N. CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE SEC
NAME CESTARI, MAUREEN
STREET ADDRESS 301 TOWER RD.
CITY-ST-ZIP NAPLES, FL 34113 ☐ Delete

TITLE CH
NAME BISHOP, BARNEY T III
STREET ADDRESS 516 N. ADAMS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Barney T. Bishop III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2007 850.466.0790

Date Daytime Phone #