

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 049 ****61.25

60023852



04042008 Chg-NP CR2E037 (12/06)

4. FEI Number 31-1607979 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BLALOCK, CHERYL
2248 TWIN FOX TRAIL
SAINT AUGUSTINE, FL 32086

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 *Cheryl Blalock*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/08
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	D	<input type="checkbox"/> Delete
NAME	TURNER, LOIS	
STREET ADDRESS	1065 KINGS ESTATE RD	
CITY-ST-ZIP	ST AUGUSTINE, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VARGAS, JUSTIN	
STREET ADDRESS	349 BRANTLEY HARBOR DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TUDOR, VIRGINIA	
STREET ADDRESS	600 DOMENICO CIR UNIT F-8	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	AEPPLI, RICH	
STREET ADDRESS	180 MARSH IS CIRCLE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROEDER, KAMI	
STREET ADDRESS	123 UNICORN RD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANZ, LAURIE	
STREET ADDRESS	1061 WINTERHAWK DR.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Blalock	
STREET ADDRESS	2248 Twin Fox TR	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Lundquist	
STREET ADDRESS	242 Orchis RO	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Helvington	
STREET ADDRESS	106 Anderson St	
CITY-ST-ZIP	St Augustine, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Clay	
STREET ADDRESS	2033 Rivers own RO.	
CITY-ST-ZIP	St Augustine, FL 32092	
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: *Cheryl Blalock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08
Date

Daytime Phone #