

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90104 008 \*\*\*\*61.25

60011819



02012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2353442

Applied For  
Not Applicable

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	UNRUH, JERRY	
STREET ADDRESS	1 PUEBLO CT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, RON	
STREET ADDRESS	5246 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	UNRUH, DEE	
STREET ADDRESS	1 PUEBLOE CT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRAIGIE, FAYE	
STREET ADDRESS	5128 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINERMAN, CHARLES	
STREET ADDRESS	5214 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AYERS, RAY	
STREET ADDRESS	5113 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLEY, TED	
STREET ADDRESS	2 BOW STRING CIR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON LORENZ, JOAN	
STREET ADDRESS	50 ARAPAHO DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGER, JAN	
STREET ADDRESS	506D SHOSHONE DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Presley, Nancy	
STREET ADDRESS	4 PAPAGO CIR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, BILL	
STREET ADDRESS	5240 CHOCTAW AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JERRY	
STREET ADDRESS	5213 CHOCTAW AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32507	

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: Jerry Unruh JERRY UNRUH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Feb 2007 850 492-1220

Date Daytime Phone #