

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90065 046 \*\*\*\*61.25

69053855



07182007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2783572** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DUKES, HARRY  
1730 FARMERS CROOK  
DELTONA, FL 32738

## 7. Name and Address of New Registered Agent

Name **DOWLET, KATWAROO D**  
Street Address (P.O. Box Number is Not Acceptable)  
**3421 Tallwood Drive**  
**Deltona**  
City **FL** Zip Code **32738**

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: Katwaroo Dowlet]*

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

7-25-07

**Filing Fee is \$61.25**  
**Due by September 14, 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	DUKES, HARRY D	
STREET ADDRESS	1730 FARMERS CROOK	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JADEID, DENISE	
STREET ADDRESS	1822 SWEETWATER BEND	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DOWLET, KATWAROO D	
STREET ADDRESS	3421 TALLWOOD DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLET, KATWAROO D	
STREET ADDRESS	3421 TALLWOOD DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILIAN, SANDRA	
STREET ADDRESS	1809 VILLA DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILIAN, HARRY	
STREET ADDRESS	1809 VILLA DRIVE	
CITY-ST-ZIP	DELTONA, FL 32738	
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: Katwaroo Dowlet]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7-25-07

Daytime Phone #