

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 001 \*\*\*\*61.25

**60046250**



07252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3504658**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MILLER, THOMAS  
9310 NW 9TH AVE  
GAINESVILLE, FL 32606

## 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 September 12, 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 **V** ☐ Delete  
NAME **CONWAY, STEVE**  
STREET ADDRESS **3373 N. OCEAN SHORE BLVD**  
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **P** ☐ Delete  
NAME **MILLER, THOMAS**  
STREET ADDRESS **9310 NW 9TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **T** ☐ Delete  
NAME **STEVENS, JOSEPH**  
STREET ADDRESS **304 BAYTREE RD**  
CITY-ST-ZIP **VALDOSTA, GA 31602**

TITLE **S** ☐ Delete  
NAME **SOLANO, BRYAN**  
STREET ADDRESS **11229 E RIVERVIEW DR**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*7/25/08*

Date

*1-229 247-6314*

Daytime Phone #