

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 MAR -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JS*



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3488542

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DAVIS, REGINA M  
438 W BREVARD ST  
TALLAHASSEE, FL 32303

Name LORA J. LEE-TURNER

Street Address (P.O. Box Number is Not Acceptable)

705 Dewey Street

City Tallahassee

FL

Zip Code 32304

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

*Lora J. Lee-Turner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/07

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

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

TITLE P  
NAME DAVIS, REGINA M ☒ Delete  
STREET ADDRESS 710 DEWEY STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE P  
NAME LORA J. LEE-TURNER ☐ Change ☒ Addition  
STREET ADDRESS 705 Dewey Street  
CITY-ST-ZIP Tallahassee, FL 32304

TITLE 1VP  
NAME ROBERTS, ANN ☒ Delete  
STREET ADDRESS 512 W. CAROLINA STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE 1st VP  
NAME Cassandra Leland ☐ Change ☒ Addition  
STREET ADDRESS 430 W. 4th Avenue  
CITY-ST-ZIP Talla, FL 32301

TITLE S  
NAME ROBERTS, ANN ☐ Delete  
STREET ADDRESS 512 W. CAROLINA STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE 2nd VP  
NAME LAKE' LAOSELAIRIAN-BUGGS ☐ Change ☒ Addition  
STREET ADDRESS 680 W. Brevard St  
CITY-ST-ZIP Talla, FL 32304

TITLE T  
NAME BARBER, KENNETH ☐ Delete  
STREET ADDRESS 1077 ROCKBROOK COURT  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  
NAME 400091009484  
STREET ADDRESS 03/06/07--01009--018 \*\*\$61.25  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Sec.  
NAME Jamie Smith ☐ Change ☒ Addition  
STREET ADDRESS 730 N. Macomb  
CITY-ST-ZIP Talla, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Lora J. Lee-Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07

891-6543