2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

DOCUMENT # N98000001962 1. Energy barrier		ANNUAL	Se	Secretary of State				
7.32 PAT HOMAS PKWY OUNKY, FL 32351	1. Entity Nam	18			•			
Suite, Apl. #, etc.	732 PAT THOMAS PKWY		732 PAT THOMAS PKWY		- 1 Fe rinal Cir (1818)	IDIN SOMI PONI SONI FOIN BOUN NSIF II	INE TRIE NTORI DI ATO	
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address							
Sp-3502661 Non-Applicable Sp-3502661 Non-Applicable Sp-3502661 Sp-35026	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E037 (12/06)	
Country	City & Stat	e	City & State		50 0500504			
ODA-HOWSKI, KRIS 341 E JEFFERSON ST QUINCY, FL 32351 City FL Zipi Code 6. Name and Address of New Registered Agent City FL Zipi Code City FL Zipi Code City FL Zipi Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the S	Zip	Country Zip		Country	5 Certificate of Status Desired \$8.75 Additional			
Name		6 Name and Address of Current Registered Agent						
Street Address P.O. Box Number is Not Acceptable		o. Hallie alle House of Gullerin	TO STORY OF THE ST	Name	Torrest To			
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 Plorida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature particular type particular type	341 E JEFFERSON ST			Street Address	reet Address (P.O. Box Number is Not Acceptable)			
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 Plorida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature particular type particular type	·			City			7in Cada	
SIGNATURE Signature lipsed or princip name of registered agent and Mile 4 apocable NOTE Hoppstered Agent separate insparate inspara	Cit				FL zp code			
10. OFFICERS AND DIRECTORS	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required with the printing Fee is \$61.25 9. Electron Campaign Financing					Make check pa		
THE P								
NAME STREET ADDRESS CITY-ST-ZIP D-	TITLE NAME STREET ADDRESS	P CRUTCHER, RICHARD 1014 ATTAPULGUS HWY		TITLE NAME STREET ADDRESS	ADDITIONS/CHANG			
NAME SIRET ADDRESS CITY-S1-ZIP QUINCY, FL 32351 TILLE NAME HARRIS, IRENE SIRET ADDRESS CITY-S1-ZIP CHATTAHOOCHEE, FL 32324 TILLE NAME SIRET ADDRESS CITY-S1-ZIP HILLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	TILCOCK, RACHAEL 175 HOPKINS LANDING RD	☐ Detete	NAME STREET ADDRESS			Change Addition	
MAME STREET ADDRESS CITY-S1-ZIP CHATTAHOOCHEE, FL 32324 CITY-S1-ZIP Change Addition	NAME SIREET ADDRESS	CROSS, SANDRA 500 FOREST DRIVE	Delete	NAME STREET ADDRESS			Change Addition	
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NAME - NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change Addition	
	NAME .		Delete	NAME	•		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.

CHTY-ST-ZIP

SIGNATURE:

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1/28/08

(850)893-8419

Daytime Phone #