

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 038 ****61.25

40043587



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3519982

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

THOMPSON, STUART A
4501 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	BARLOW, JIM	
STREET ADDRESS	505 GENERAL JOHN PAYNE BLVD.	
CITY-ST-ZIP	GEORGETOWN, KY 40324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOWLING, BERNADETTE	
STREET ADDRESS	1140 6TH STREET SOUTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, PETER	
STREET ADDRESS	1130 6TH STREET SOUTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, DIANE	
STREET ADDRESS	1124 6TH STREET SOUTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUISKER, RAY	
STREET ADDRESS	2845 MAPLEWOOD CT	
CITY-ST-ZIP	MADISON, WI 53711	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, ANNA	
STREET ADDRESS	1118 6TH STREET SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	

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	
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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:

DIANE TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/07

Date

Daytime Phone #