## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N98000002311

## **FILED** Feb 12, 2008 8:00 am Secretary of State 02-12-2008 90007 023 \*\*\*\*61.25

Country   34230-6948   Country   34230-6948   Country   S. Certificate of Status Desired   \$8.75 Addit Fee Required   \$8.75 Addit S. Certificate of Status Desired   \$8.75 Addit Fee Required   \$8.75 Addit S. Certificate of Status Desired   \$8.75 Addit S. PinEAPPLE AVENUE   Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1252008 Chg-NP CR2E037 (12/06)  Cry & State  City & State  City & State  City & State  Country  34230-6948  Country  5. Certificate of Status Desired	
City & State  Country  S. Centificate of Status Desired S. Street Address of New Registered Agent S. Centificate of Status Desired S. Street Address of New Registered Agent Sentence Street Address (P.O. Box Number is Not Acceptable)  City FL  City FL  Zicy Code Street Address (P.O. Box Number is Not Acceptable)  City FL  Zicy Code City FL  Z	
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Street Address of Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  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, are the obligations of registered agent.  Signature  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  ITILE DPT DRAWE BAND, DAVID S SIRRELADORSS CITY-S1-2IP SARASOTA, FL 34236  CITY-S1-2IP SARASOTA, FL 34236  DVS Determined Agent Sequence Agent signature required when rendating)  DATE  TITLE DVS DRAWE Change  Fee Required  7. Name and Address of New Registered Agent Sort Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Trust Trust Fund Contribution.  DATE  Added to Fees Florida Department of Stat  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  Change TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT Determined ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT DETERMINED DETE	olied For Applicable
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BAND, DAVID S 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, poed or primed name of registered agent and rate if applicable  Pilling Fee is \$61.25 Due by May 1, 2008  Pilling Fee is \$61.25 Due by May 1, 2008  Pilling Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  ITILE BAND, DAVID S SIREEI ADDRESS CITY-SI-ZIP SARASOTA, FL 34236  CITY-SI-ZIP  DV	
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 the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstauring)   DATE	
The obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstating)   DATE	'
Signature, typed or printed name of registered agent and lete if applicable. (NOTE. Registered Agent signature required when reinstating)    Filling Fee is \$61.25   9. Election Campaign Financing Due by May 1, 2008   Trust Fund Contribution.   Added to Fees   Added to Fees   Florida Department of State	and accept
Due by May 1, 2008  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19  TITLE DPT NAME BAND, DAVID S SIREET ADDRESS 240 S. PINEAPPLE AVENUE, 10TH FLOOR CITY-SI-ZIP SARASOTA, FL 34236  Delete TITLE DV Delete DV Delete TITLE NAME CARR, KATHRYN ANGELL SIREET ADDRESS CITY-SI-ZIP SARASOTA, FL 34236  Delete TITLE DVS SARASOTA, FL 34236  Delete TITLE STREET ADDRESS CITY-SI-ZIP SARASOTA, FL 34236  DELET STREET ADDRESS CITY-SI-ZIP SARASOTA, FL 34236  DITY-SI-ZIP SARASOTA, FL 34236  DITY-SI-ZIP  TITLE STREET ADDRESS CITY-SI-ZIP SARASOTA, FL 34236  DITY-SI-ZIP  TITLE STREET ADDRESS CITY-SI-ZIP  TITLE STREET ADDRESS CITY-SI-ZIP  TITLE STREET ADDRESS CITY-SI-ZIP  TITLE SARASOTA, FL 34236  DITY-SI-ZIP	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE David S. Band David S. Band, President

941-366-6660