2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002566

FILED Mar 21, 2009 Secretary of State

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	Current Principal Place of Business:		New Principal Place of Business:	
CAYNE WAY SLAND, FL 34	145			
Current Mailing Address:		New Mailing Address:		
CAYNE WAY SLAND, FL 34	145			
: 31-1639509	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
AYNE WAY				
e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
RE:				
Electro	nic Signature of Registered Ac	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
PROCACCI, ÀI 400 VINEYARE	RMAND S BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
VP (SMALL, DOUG		Title: Name: Address:	() Change () Addition	
8700 BAY COL NAPLES, FL 3		City-St-Zip:		
	EAYNE WAY SLAND, FL 34 : 31-1639509 I Address of C , DOUGLAS S EAYNE WAY SLAND, FL 34 e named entity to of Florida. RE: Electror S AND DIREC VP PROCACCI, AF 400 VINEYARD NAPLES, FL 3 VP ()	EAYNE WAY SLAND, FL 34145 : 31-1639509 FEI Number Applied For () I Address of Current Registered Agent: , DOUGLAS S EAYNE WAY SLAND, FL 34145 US e named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: VP () Delete PROCACCI, ARMAND 400 VINEYARDS BLVD NAPLES, FL 34119 VP () Delete	SAYNE WAY SLAND, FL 34145 : 31-1639509 FEI Number Applied For () FEI Number Not Applicable () I Address of Current Registered Agent: Name and Address of Cayne Way SLAND, FL 34145 US e named entity submits this statement for the purpose of changing its registered e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: ADDITIONS/CHANGE VP () Delete PROCACCI, ARMAND Name: 400 VINEYARDS BLVD Address: NAPLES, FL 34119 City-St-Zip: VP () Delete Title:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS S. BROWNE **PRES** 03/21/2009