

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90012 032 \*\*\*\*61.25

**40046693**



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3648574** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LE MESURIER, GEORGE H  
28-27554 US HWY 19N  
CLEARWATER, FL 33761-]

## 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, 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, 2008**

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCORMICK, MAURICE	
STREET ADDRESS	8701 BRITTANY DR	
CITY-ST-ZIP	LOUISVILLE, KY 40220	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRETT, ROY F	
STREET ADDRESS	10207 OAK FOREST DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, BILL	
STREET ADDRESS	12298-B DELBAR COURT	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACY, ROBERT	
STREET ADDRESS	1435 WHITING	
CITY-ST-ZIP	MEMPHIS, TN 38117	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMESURIER, GEORGE K	
STREET ADDRESS	28-27554 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREW, STEPHEN	
STREET ADDRESS	117 E MAIN ST. APT 8	
CITY-ST-ZIP	MARION, VA 24354	

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

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Mar. 12/08 727-953-6642**