

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 031 ****61.25

60002494



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3628962 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFFEY, RICHARD B
385 40TH COURT SOUTHWEST
VERO BEACH, FL 32968

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, 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

TITLE **P** ☐ Delete
NAME **BECHTOLD, JERRY**
STREET ADDRESS **405 40TH CT SW**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **VP** ☐ Delete
NAME **WRIGHT, DON**
STREET ADDRESS **480 40TH CT SW**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **ST** ☐ Delete
NAME **LEFFEY, RICHARD B**
STREET ADDRESS **385 40TH COURT SOUTHWEST**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☒ Change ☐ Addition
NAME **Wright, Don**
STREET ADDRESS **480-40th Ct. SW**
CITY-ST-ZIP **VERO Beach, FL 32968**

TITLE **T** ☒ Change ☐ Addition
NAME **Leffew, Richard B**
STREET ADDRESS **385 40th Ct. SW**
CITY-ST-ZIP **VERO Beach, FL 32968**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

1/16/07 772-770-4700