

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILE 2ND
FILED

07 FEB 12 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2-12



01242007 No Chg-NP CR2E037 (4/06) 07

4. FEI Number 59-0782460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARLEDGE, TERRANCE D
108 CROUSE LANE
FLORAHOME, FL 32140

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MIKE P.O. BOX 271 GRANDIN, FL 32138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPEDDEN, DAVID 106 DUNLAWTON AVE. SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS ARLEDGE, TERRANCE D 108 CROUSE LANE FLORAHOME, FL 32140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

200088034032
02/12/07--01029--004 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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: David W. Spedden DAVID W. SPEDDEN 2-9-07 386-659-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone