

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90025 027 ****61.25

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01222007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0896008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D P.A.
5800 OVERSEAS HIGHWAY
SUITE 40
MARATHON, FL 33050

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 reconstituting)

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 D ☒ Delete
NAME PARTNEY, LINDA
STREET ADDRESS 580 79TH STREET OCEAN
CITY-ST-ZIP MARATHON, FL 33050

TITLE D ☐ Delete
NAME TOTTEN, BARBARA
STREET ADDRESS PO BOX 510148 181 2ND ST
CITY-ST-ZIP KEY COLONY BEACH, FL 33051

TITLE D ☐ Delete
NAME SCHAEFFLER-MURPHY, ALISON
STREET ADDRESS 323 CALZADA DE BOUGAINVILLEA
CITY-ST-ZIP MARATHON, FL 33050

TITLE D ☐ Delete
NAME CARNEY, DOROTHY
STREET ADDRESS 12420 OVERSEAS HWY
CITY-ST-ZIP MARATHON, FL 33050

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 D ☐ Change ☒ Addition
NAME HEWLETT, GAYLE
STREET ADDRESS 217 95TH ST OCEAN
CITY-ST-ZIP MARATHON, FL 33050

TITLE D ☐ Change ☒ Addition
NAME GEORGINA ROSEK
STREET ADDRESS 68 TINGLER LN.
CITY-ST-ZIP MARATHON, FL 33050

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

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 #

CK-654