

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 036 ****61.25

40092224



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3600348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRIPPE, PAT
4400 NW 36 AVENUE
GAINESVILLE, FL 32606

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	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, LARRY	
STREET ADDRESS	13918 NW 15TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME	MOTT, HOWARD	
STREET ADDRESS	13915 NW 15 LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	NECHODOM, MATT	
STREET ADDRESS	3506 NW 54 LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME	REYNOLDS, BRAD	
STREET ADDRESS	14104 NW 15TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME	DUNK, BILL	
STREET ADDRESS	14125 NW 15 LN	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Larry	
STREET ADDRESS	13918 NW 15th Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mott, Howard	
STREET ADDRESS	13915 NW 15th Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Brad	
STREET ADDRESS	14104 NW 15th Place	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dunk, Bill	
STREET ADDRESS	14125 NW 15th Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Racht, Steve	
STREET ADDRESS	14206 NW 15th Lane	
CITY-ST-ZIP	Gainesville, FL 32606	

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 #