

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 023 ****61.25

40008596



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3542431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANGINI, JOHN
1590 NOCATEE STREET
INTERCESSION CITY, FL 33848

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	<input type="checkbox"/> Delete
NAME	MANGINI, JOHN	
STREET ADDRESS	1590 NOCATEE STREET	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848	
TITLE	T	<input type="checkbox"/> Delete
NAME	KREIDER, JAMES H	
STREET ADDRESS	1624 CHARITY STREET	
CITY-ST-ZIP	INTRCESSION, FL 33848	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, IRENE	
STREET ADDRESS	P.O. BOX 133	
CITY-ST-ZIP	INTRCESSION, FL 33848	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EATON, JEANIE	
STREET ADDRESS	1490 NOCATEE	
CITY-ST-ZIP	INTERCESSION, FL 33848	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUNDY, HENRY	
STREET ADDRESS	1670 SCHOOL STREET	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOFFETT, ANDY	
STREET ADDRESS	1653 CHARITY STREET	
CITY-ST-ZIP	INTERCESSION, FL 33848	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T IRENE SMITH
STREET ADDRESS	1651 HOPE ST
CITY-ST-ZIP	INTERCESSION CITY, FL 33848
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOYCE MOFFET
STREET ADDRESS	1653 CHARITY ST
CITY-ST-ZIP	INTERCESSION CITY, FL 33848
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: Irene Smith IRENE SMITH

1-22-07

407-944-0895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #