

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 020 ****61.25

40035507



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1652881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBERG, DOROTHY
7614 JOMEL DRIVE
SPRING HILL, FL 34607

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 Dorothy Oberg
Signature, typed or printed name of registered agent and trustee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/07
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, JAMES	
STREET ADDRESS	11670 LINDEN DR	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	GERSTNER, JOHN	
STREET ADDRESS	6389 PINE MEADOWS DR	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, DONALD	
STREET ADDRESS	3135 PINE MEADOWS DR	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ROSS	
STREET ADDRESS	8476 MAYBELLE DR	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORANA, NICHOLAS	
STREET ADDRESS	2754 DRUMMOND DR	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIDSON, JAMES B	
STREET ADDRESS	2443 GRANDFATHER MOUNTAIN	
CITY-ST-ZIP	SPRING HILL, FL 34606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, ALEXANDER	
STREET ADDRESS	11460 LINDEN DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34608-5142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLOWAY, TERNANCE	
STREET ADDRESS	7367 SUGAR BUSH DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606-7034	
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, ROBIN	
STREET ADDRESS	27489 EDENFIELD DR	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543-7759	
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: James B. Davidson JAMES B. DAVIDSON 1-17-07 352-683-945
Signature and typed or printed name of signing officer or director Date Daytime Phone #