

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90029 015 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3514447

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

DRAIN, DANIEL
1005 STRAW POCKET
SUN CITY CENTER, FL 33573

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	PP	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, CHARLES	
STREET ADDRESS	1513 LAJOLLA AVE.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REESE, GRACE H	
STREET ADDRESS	265 COURTYARDS BLVD #104	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	T.	<input type="checkbox"/> Delete
NAME	DRAIN, DANIEL	
STREET ADDRESS	1005 STRAWPOCKET	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANEK, JEANNE	
STREET ADDRESS	2013 NEW BEDFORD DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, GRACE H	
STREET ADDRESS	265 COURTYARDS BLVD #104	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKHURST, LESTER	
STREET ADDRESS	1513 LAJOLLA	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
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 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:

Daniel Drain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2007
Date

813 633 1379
Daytime Phone #