

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAR 20 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3669254** 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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSD	BOYLE, JOHN G	211 NORTH BROADWAY, SUITE 3600	ST. LOUIS, MO 63102	<input type="checkbox"/>
D	BOYLE, JOHN W	7 N. PINE CIR.	BELLEAIR, FL 33756	<input checked="" type="checkbox"/>
D	BOYLE, JAMES P	7 N. PINE CIR.	BELLEAIR, FL 33756	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Ann Boyle Calve	7 N. Pine Cir.	Belleair, FL 33756	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ellen Boyle Bay	7 N. Pine Cir.	Belleair, FL 33756	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Susan Boyle Derdeyn	7 N. Pine Cir.	Belleair, FL 33756	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Robert T. Boyle	7 N. Pine Cir.	Belleair, FL 33756	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

3-11-07

314-259-2165