

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062366

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: EATONVILLE VOICES OF DISTINCTION, INC.

## Current Principal Place of Business:

750 THOMPSON AVENUE  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

750 THOMPSON AVENUE  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 87-0802881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARDY, JAMES GEORGE  
821 SWOOPE AVENUE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

GLORIA, WARE  
121 NORTH WYMORE ROAD  
EATONVILLE, FL 32751 US

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.

SIGNATURE: GLORIA WARE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FILMORE, AMY  
Address: 750 THOMPSON AVENUE  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: SPURLING, JANNETTE  
Address: 212 SOUTH CALHOUN AVENUE  
City-St-Zip: EATONVILLE, FL 32751

Title: TD ( ) Delete  
Name: CUMMINGS, LOUISSTEEN  
Address: 421 CAMPUS VIEW DR  
City-St-Zip: ORLAND, FL 32810

Title: VPD ( ) Delete  
Name: WARE, GLORIA  
Address: 121 NORTH WYMORE ROAD  
City-St-Zip: EATONVILLE, FL 32751

Title: D (X) Delete  
Name: MIKE, GWENDOLYN  
Address: 3861 NORTH LAKE ORLANDO PARKWAY  
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Delete  
Name: MIKE, ROGER  
Address: 3861 NORTH LAKE ORLANDO PARKWAY  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D (X) Change ( ) Addition  
Name: SPURLING, JANNETTE  
Address: 212 SOUTH CALHOUN AVENUE  
City-St-Zip: EATONVILLE, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY J FILMORE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date