I hereby 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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: WILLIAM T. BAISDEN

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

**171 BARBELLA CIRCLE** SAINT AUGUSTINE, FL 32295

DOCUMENT# N09937

#### **Current Mailing Address:**

PO BOX 48322 JACKSONVILLE. FL 32247 US

## FEI Number: 59-2744533

#### Name and Address of Current Registered Agent:

BAISDEN, WILLIAM THOMAS 171 BARBELLA CIRCLE SAINT AUGUSTINE, FL 32095 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:	WILLIAM THOMAS BAISDEN		05/17/	/2021	
	Electronic Signature of Registered Agent		Da	ite	
Officer/Director Detail :					
Title	PRESIDENT	Title	D		
Name	MANNING, RICHARD	Name	MICHAEL, KEHRT		
Address	171 BARBELLA CIRCLE	Address	3757 SOUTHBANK CIRCLE		
City-State-Zip:	SAINT AUGUSTINE FL 32295	City-State-Zip:	GREEN COVE SPRINGS FL 32043		
	D NEARON, CLAUDE	Title Name	MEMBERSHIP DIRECTOR BOBBITT, BARBARA		
Address	6547 STILLWATER COURT	Address	4069 MARIANNA RD.		
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217		
Title	TREASUER				
Name	BAISDEN, WILLIAM THOMAS				
Address	PO BOX 48322				
City-State-Zip:	JACKSONVILLE FL 32247				

Certificate of Status Desired: Yes

## FILED May 17, 2021 **Secretary of State** 0004696955CC

05/17/2021