SIGNATURE: JODI STEVEN	S	TREASURER

above, or on an attachment with all other like empowered.

S

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

IRE:	JODI STEVENS	07/15/2014
	Electronic Signature of Registered Agent	Date

Officer/Director Detail :

Title	D	Title	Ρ
Name	SPARKMAN, CHRIS	Name	MCDANIEL, BILL
Address	702 TILLMAN PLACE	Address	106 GRANT ST
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563
Title	S	Title	т
Name	HICKS, DEBRA	Name	STEVENS, JODI
Address	302 N. MICHIGAN AVE	Address	2903 ASTON AVE
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33566
Title	D	Title	D
Name	DAVIS, COLEMAN	Name	GIBBS, DOUG
Address	703 S EVERS STREET	Address	106 GRANT STREET
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563

106 GRANT STREET PLANT CITY, FL 33563 US

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Current Mailing Address:

P.O. BOX 4807 PLANT CITY, FL 33564

FEI Number: 59-3061567

Name and Address of Current Registered Agent:

STEVENS, JODI

PLANT CITY, FL 33566

Current Principal Place of Business:

2903 ASTON AVE

DOCUMENT# N42787

REPORT

FILED Jul 15, 2014 Secretary of State CC4154932936

Certificate of Status Desired: No

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

Electronic Signature of Signing Officer/Director Detail