


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009692
 1. Entity Name
KENANSVILLE C.E.R.T., INC.



Principal Place of Business
 1180 S. CANOE CREEK RD
 KENANSVILLE, FL 34739 US

Mailing Address
 P.O. BOX 328
 KENANSVILLE, FL 34739 US

DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3495343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEVENS, ALISON R
 5785 MAGNOLIA COURT
 OKEECHOBEE, FL 34972

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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, ALISON, R 5785MAGNOLIA COURT OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUX, ELDON, 1450 LAKE MARION RD. KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK, LINDA, M 855 S. CANOE CREEK RD KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULFORD, CAROLINA, J 2201 S. KENANSVILLE RD. KENANSVILLE, FL 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/12/07-80005-019 61.25

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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: Alison Stevens 03/22/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #