

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 15, 2008  
Secretary of State**

DOCUMENT# N06000004845

Entity Name: H-3-7 BROTHERHOOD & SURVIVORS, INC.

**Current Principal Place of Business:**

5517 WILLIAMSDALE COURT  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

5517 WILLIAMSDALE COURT  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 74-3181704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRONSON, MELVILLE G  
8359 STRINGFELLOW ROAD  
UNIT A, SUITE 102  
ST. JAMES CITY, FL 33956 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: NICHOLS, ROBERT  
Address: 5517 WILLIAMSDALE COURT  
City-St-Zip: SEMINOLE, FL 33772

Title: V      ( ) Delete  
Name: GILLING, RICHARD A  
Address: 7241 TROPICAL LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: T      ( ) Delete  
Name: PARUNGO, EDWARD J  
Address: 4924 COOL RIDGE CT  
City-St-Zip: RALEIGH, NC 27616

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: ROBERT NICHOLS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/15/2008

\_\_\_\_\_  
Date