

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721665

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ACTION COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

970 SW FIRST ST., STE 304  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

970 SW FIRST ST., STE 304  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 59-1620743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MONTES DE OCA, MERCY  
502 N.W. 87TH AVE. #106  
MIAMI, FL 33172 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: PCD ( ) Delete  
Name: ALZOLA, ERNESTO  
Address: 1101 SW 103RD COURT  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: BAGUE, IRELA  
Address: 15 MADEIRA AVE #6  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: ACOSTA, DOMINGO  
Address: 3950 SW 2ND STREET  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: MONTES, DE OCA-GUTIERR M  
Address: 502 N.W. 87TH AVE. #106  
City-St-Zip: MIAMI, FL 33172

**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:

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: IRELA BAGUE

VD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date