

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757858

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ABATE OF FLORIDA, INC.

**Current Principal Place of Business:**

332 S. WOODLAND BLVD.  
DELAND, FL 32721 US

**New Principal Place of Business:**

332 S. WOODLAND BLVD.  
DELAND, FL 32720 US

**Current Mailing Address:**

P.O. BOX 2520  
DELAND, FL 32721 US

**New Mailing Address:**

**FEI Number:** 59-3101979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROW, LARRY PA  
1247 SOUTH PINELLAS AVE  
TARPON SPRINGS, FL 34689 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:** DP  
**Name:** REICHENBACH II, JAMES  
**Address:** 1058 NE 144TH CT  
**City-St-Zip:** SILVER SPRINGS, FL 34488 US

**Title:** DVP  
**Name:** FISH, DANNY  
**Address:** 3960 ADAMS ROAD  
**City-St-Zip:** PACE, FL 32571 US

**Title:** DT  
**Name:** NASRALLAH, PATTI  
**Address:** 6919 SENOJ DR  
**City-St-Zip:** TAMPA, FL 33610 US

**Title:** DS  
**Name:** ALEXANDER, ROBERT  
**Address:** PO BOX 2520  
**City-St-Zip:** DELAND, FL 32721 US

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.

**SIGNATURE:** JAMES D. REICHENBACH II

DP

01/04/2011

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

\_\_\_\_\_  
Date