

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002727

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** ACTION NETWORK OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1001 NE 16TH AVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5246  
GAINESVILLE, FL 32627

**New Mailing Address:**

**FEI Number:** 59-3583996      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JONES, JR., SAMUEL  
915 SE 19TH ST  
GAINESVILLE, FL 32641      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:            OFC  
Name:            JONES, JR., SAMUEL  
Address:        915 SE 19TH ST  
City-St-Zip:    GAINESVILLE, FL 32641 US

Title:            OFC  
Name:            THORPE, KEVIN W  
Address:        2905 SE 21ST AVE  
City-St-Zip:    GAINESVILLE, FL 32641 US

Title:            OFC  
Name:            JULIEN, ROLAND  
Address:        500 NE 16 AVE  
City-St-Zip:    GAINESVILLE, FL 32601

Title:            OFC  
Name:            BROWN, MERRILL  
Address:        NW 63RD ST  
City-St-Zip:    GAINESVILLE, FL 32605 US

Title:            DIR  
Name:            GREEN, SHIRLEY A  
Address:        2820 NE 17TH TERRACE  
City-St-Zip:    GAINESVILLE, FL 32609

Title:            DIR  
Name:            WILLIAMS, CHERYL  
Address:        2020 NE 15TH STREET  
City-St-Zip:    GAINESVILLE, FL 32609

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: PASTOR SAMUEL JONES JR

OFC

05/01/2011

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

\_\_\_\_\_ Date