

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004922

**FILED  
Apr 22, 2015  
Secretary of State  
CC8006638714**

**Entity Name:** A GOOD ACT INC.

**Current Principal Place of Business:**

8008 NW 31ST AVE  
APT 205  
GAINESVILLE, FL 32606

**Current Mailing Address:**

8008 NW 31ST AVE  
APT 205  
GAINESVILLE, FL 32606 US

**FEI Number:** 47-3800671

**Certificate of Status Desired:** No

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

BROOKS, KAMRINNE E  
8008 NW 31ST AVE  
APT 205  
GAINESVILLE, FL 32606 US

*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

**Officer/Director Detail :**

Title P  
Name BROOKS, KAMRINNE E  
Address 8008 NW 31ST AVE APT 205  
City-State-Zip: GAINESVILLE FL 32606

Title C  
Name MARTINEZ, JOSEPH R III  
Address 7751 SE 194 CT  
City-State-Zip: MORRISTON FL 32668

Title C  
Name MARTINEZ, JOSEPH R IV  
Address 8008 NW 31ST AVE APT 205  
City-State-Zip: GAINESVILLE FL 32606

*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:** KAMRINNE BROOKS

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date