

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002727

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

Current Principal Place of Business:

1001 NE 16TH AVE
GAINESVILLE, FL 32601

Current Mailing Address:

PO BOX 5246
GAINESVILLE, FL 32627

FEI Number: 59-3583996

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, JR., SAMUEL
915 SE 19TH ST
GAINESVILLE, FL 32641 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 CHAIRMAN
Name JONES, SAMUEL JR.
Address 915 SE 19TH ST
City-State-Zip: GAINESVILLE FL 32641

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

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

Title OFC
Name TIM, RAY
Address 3321 NW 45TH AVE.
City-State-Zip: GAINESVILLE FL 32605

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

Title DIRECTOR
Name WALLACE, ESTHER
Address PO BOX 5246
City-State-Zip: GAINESVILLE FL 32627

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: ESTHER WALLACE

DIRECTOR

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date