

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757432

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA COMMUNITY ACTION AGENCY, INC.

**Current Principal Place of Business:**

2606 NW 6TH ST.  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1503  
GAINESVILLE, FL 32602

**New Mailing Address:**

**FEI Number:** 59-2113799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NIMMO, BRAD  
926 NW 27TH AVE.  
OCALA, FL 34475 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:** SEC  
**Name:** TUMMOND, DICK  
**Address:** PO BOX 310  
**City-St-Zip:** BRONSON, FL 32621

**Title:** VPD  
**Name:** SMITH, LENA R  
**Address:** 1102 NW 14TH AVE  
**City-St-Zip:** OCALA, FL 34475

**Title:** PRES  
**Name:** NIMMO, BRAD  
**Address:** (26 NW 27TH AVE.  
**City-St-Zip:** OCALA, FL 34475

**Title:** CEO  
**Name:** WILFORD, ROBERT W  
**Address:** 5400 NW 39TH AVE. C-16  
**City-St-Zip:** GAINESVILLE, FL 32606

**Title:** TRES  
**Name:** HARRIS, CHARLES J JR  
**Address:** 2704 NW 46TH PL  
**City-St-Zip:** GAINESVILLE, FL 32605

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:** PEGGY V. HUNSUCKER

DBO

02/16/2010

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

\_\_\_\_\_  
Date