

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002339

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** BRINGING BACK OUR COMMUNITY NONPROFIT INC.

**Current Principal Place of Business:**

20724 COUNTY ROAD 77  
READS LANDING, MN 55968

**New Principal Place of Business:**

923 5TH GRANT BLVD W  
WABASHA, MN 55981

**Current Mailing Address:**

P.O. BOX 32054  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

923 5TH GRANT BLVD W  
WABASHA, MN 55981

**FEI Number:** 45-2388944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMMON, BRENDA K  
1208 MARINE WAY, AD2  
NORTH PALM BEACH, FL 33408 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: C/P  
Name: AMMON, BRENDA K  
Address: P.O. BOX 32054  
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: BRENDA K AMMON

C/P

01/08/2012

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

\_\_\_\_\_  
Date