

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90310 031 \*\*\*\*61.25

**DOCUMENT # N01000007963**

1. Entity Name

**AGGRESSIVE COMMUNITY CENTER, INC.**



Principal Place of Business

**19 CALHOUN STREET  
EATONVILLE FL-32751**

Mailing Address

**P.O. BOX 2344  
EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3746545**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, HERBERT JR.  
19 CALHOUN STREET  
EATONVILLE FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GREEN, HERBERT JR. ☐ Delete  
STREET ADDRESS 19 CALHOUN ST  
CITY-ST-ZIP EATONVILLE FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME DIX GREEN, CATHLEEN ☐ Delete  
STREET ADDRESS 19 CALHOUN STREET  
CITY-ST-ZIP EATONVILLE FL 32751

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME UPSHUR, KAREN ☐ Delete  
STREET ADDRESS 6546 POMEROY CIRCLE  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME COVINGTON, JESSE ☐ Delete  
STREET ADDRESS 2601 UNIVERSITY ACRES  
CITY-ST-ZIP ORLANDO FL 32817

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 1493 CRANSTON ST,  
CITY-ST-ZIP WINTER SPRINGS, FL

TITLE D  
NAME PARSON, JUSTINA ☐ Delete  
STREET ADDRESS 2094 WINNETKA COURT  
CITY-ST-ZIP ORLANDO FL 32818

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 2094 WINNETKA COURT  
CITY-ST-ZIP SAME

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Herbert Green Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

Date

Daytime Phone #