


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-3746545**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GREEN, HERBERT JR.
19 CALHOUN STREET
EATONVILLE FL 32751**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating)
DATE: _____

FILE NOW; FEE IS \$61.25
Due By May 1, 2006

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	
TITLE: PD NAME: GREEN, HERBERT JR. STREET ADDRESS: 19 CALHOUN ST CITY-ST-ZIP: EATONVILLE FL 32751	<input type="checkbox"/> Delete
TITLE: SD NAME: DIX GREEN, CATHLEEN STREET ADDRESS: 19 CALHOUN STREET CITY-ST-ZIP: EATONVILLE FL 32751	<input type="checkbox"/> Delete
TITLE: D NAME: UPSHUR, KAREN STREET ADDRESS: 6546 POMEROY CIRCLE CITY-ST-ZIP: ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE: D NAME: COVINGTON, JESSE STREET ADDRESS: 1493 CRANSTON ST. CITY-ST-ZIP: WINTER SPRINGS FL 32817	<input type="checkbox"/> Delete
TITLE: D NAME: PARSON, JUSTINA STREET ADDRESS: 2094 WINNETKA COURT CITY-ST-ZIP: ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Cathleen Green* **7-10-06 407-628-9578**