2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # N01000007963 1. Entity Name AGGRESSIVE COMMUNITY CENTER, INC. Principal Place of Business Mailing Address 19 CALHOUN STREET EATONVILLE FL 32751 P.O. BOX 2344 EATONVILLE FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3746545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREEN, HERBERT JR. 19 CALHOUN STREET Street Address (P.O. Box Number is Not Acceptable) **EATONVILLE FL 32751** City Z:p 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed curve of registered agent and the 4 applicable. (NOTE: Red stered Adent signature red grad when registrated) CATE ace but her FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ti Ministrania (Cario de Cario OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD URF ☐ Delete TITLE Change Addition GREEN, HERBERT JR. NAME NAME U00000943055 19 CALHOUN ST STREET ADDRESS STREET ADDRESS 05/29/08-80044-011 61.25 EATONVILLE FL 32751 CITY-ST-ZIP CITY-\$T-ZiP 25 ☐ Delate FITLE Change ☐ Addition TITLE DIX GREEN, CATHLEEN NAME NAME 19 CALHOUN STREET STREET ADDRESS STREET ADDRESS **EATONVILLE FL 32751** CTTY - ST - ZIP CHY-ST-ZIP TOTLE Delete TITLE Change T Addition NAME UPSHUR, KAREN NAME 6546 POMEROY CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 CITY- ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change Change ne:tibbA 🔲 COVINGTON, JESSE NAME NAME STREET ADDRESS 1493 CRANSTON ST. STREET ADDRESS WINTER SPRINGS FL 32817 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete DILL ☐ Change ■ Addition PARSON, JUSTINA NAME RIGHT 2094 WINNETKA COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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 conoration 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:

Werbert Breen M.

4-29-08