2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N03000004796

Entity Name: AMERICAN COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

255 CITRUS TOWER BOULEVARD
SUITE 101
CLERMONT, FL 34711 US

New Principal Place of Business:

349 N US HWY 27
CLERMONT, FL 34711 US

Current Mailing Address:

255 CITRUS TOWER BOULEVARD
SUITE 101
CLERMONT, FL 34711 US

New Mailing Address:

349 N US HWY 27
CLERMONT, FL 34711 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLYN, DAVID L M.D.
1976 BRANTLEY CIRCLE
CLERMONT, FL 34711 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: P ( ) Delete
Name: ALLYN, DAVID L M.D.
Address: 255 CITRUS TOWER BOULEVARD (SUITE 101)
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: SONNTAG, ROBERT J
Address: 255 CITRUS TOWER BOULEVARD (SUITE 101)
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Delete
Name: ANDERSON, SHARRA
Address: 255 CITRUS TOWER BOULEVARD (SUITE 101)
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLYN, DAVID L M.D.
Address: 349 N US HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition
Name: SONNTAG, ROBERT J
Address: 349 N US HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID L. ALLYN, MD P 04/28/2004
Electronic Signature of Signing Officer or Director Date