

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002348

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** SOUTH POINTE ACTION GROUP, INC.

**Current Principal Place of Business:**

5310 ARPANA DRIVE  
ORLANDO, FL 328392588 US

**New Principal Place of Business:**

**Current Mailing Address:**

5463 MICCO DRIVE  
ORLANDO, FL 32839 US

**New Mailing Address:**

**FEI Number:** 94-3478949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CALLOWAY, EVELYN  
2606 DAYBREEZE CT  
ORLANDO, FL 32839 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  
**Name:** DENNARD, THERESA  
**Address:** 5463 MICCO DRIVE  
**City-St-Zip:** ORLANDO, FL 32839 US

**Title:** VP  
**Name:** TATE, TOMMY  
**Address:** 2666 NUMILLA DR  
**City-St-Zip:** ORLANDO, FL 32839

**Title:** S  
**Name:** TAYLOR, IRENE  
**Address:** 5513 PENDLETON DR  
**City-St-Zip:** ORLANDO, FL 32839 US

**Title:** T  
**Name:** CALLOWAY, EVELYN  
**Address:** 2606 DAYBREEZE CT  
**City-St-Zip:** ORLANDO, FL 32839 US

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:** THERESA DENNARD

PRES

04/28/2010

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

\_\_\_\_\_  
Date