2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004063

FILED Apr 30, 2008 Secretary of State

Entity Name: ALLIANCE COMMUNITY CONNECTION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

365 3RD STREET NW 113 EAST MAIN STREET WINTER HAVEN, FL 33881

SUITE 1

BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

412 CYPRESS GARDENS BLVD. 907 NORTH WILSON AVENUE

SUITE 175 #260

WINTER HAVEN, FL 33880 BARTOW, FL 33830

FEI Number: 20-8924000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DUNCAN, BONNIE PATEL, MIKE

412 CYPRESS GARDENS BLVD. SE 907 NORTH WILSON AVENUE

SUITE 175 #260

WINTER HAVEN, FL 33880 US BARTOW, FL 33830 US

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: MIKE PATEL 04/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BAKER, MARCIA LCSW MCMAHON, JENNIFER Name: Name: 28 THE VILLAGE BLVD. Address: 345 PONCE DE LEON PLACE, #5 Address:

WINTER HAVEN, FL 33880 ORLANDO, FL 32801

City-St-Zip: City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition

KOLB, ERIC M Name: RASTATTER, MARY ANN Name: Address: 5852 CYPRESS GARDENS BLVD. #806 Address: P.O. BOX 363

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33882

Title: () Delete Title: (X) Change () Addition

RASTATTER, MARY ANN DECKER, DON Name: Name:

6039 CYPRESS GARDENS BLVD # 200 Address: P.O. BOX 363 Address:

City-St-Zip: WINTER HAVEN, FL 33882 City-St-Zip: WINTER HAVEN, FL 33884

Title: () Delete Title: (X) Change () Addition Name: NEWMAN, LISA MBA Name: BAKER, MARCIA LCSW

22253 WOODSPRING DR. Address: Address: 28 THE VILLAGE BLVD City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete Title: (X) Change () Addition KOLB, JOSEPH L KATHERINE, STEADMAN-PLATT MHC

Name: Name: 835 SW 9TH ST #105 4908 INDIAN OAK DR Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: MULBERRY, FL 33860

Title: () Delete Title: (X) Change () Addition

SHELLY, CYNTHIA R MHC SHELLY, CYNTHIA R MHC Name: Name: Address: 6039 CYPRESS GARDENS BLVD. #200 Address: 412 CYPRESS GARDENS BLVD # 175

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33884 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA SHELLY ED 04/30/2008