2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000003225

Entity Name: APHDC-NORTH CENTRAL II CORPORATION

Current Principal Place of Business:

21 TULANE DRIVE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

21 TULANE DRIVE
AVON PARK, FL 33825

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHOEMAN, LARRY P
21 TULANE DRIVE
AVON PARK, FL 33825 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: WILLIAMS, MINNITTE
Address: 1713 LAKE LOLETTA DR
City-St-Zip: AVON PARK, FL 33825

Title: VPD ( ) Change (X) Addition
Name: PERRIN, MARIAN
Address: 313 DOVE STREET
City-St-Zip: SEBRING, FL 33827

Title: D ( ) Change (X) Addition
Name: VINSON, DONNA
Address: 800 W. MAIN ST.
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Change (X) Addition
Name: ROBERTS, LESTER
Address: 1002 S. WALDON AVE.
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Change (X) Addition
Name: MACKLIN, TOM
Address: 609 E. MAIN ST.
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Change (X) Addition
Name: BARNARD, CAMERON
Address: 1713 N. OLIVIA DR.
City-St-Zip: AVON PARK, FL 33825

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: LARRY P. SHOEMAN SEC 04/30/2009

Electronic Signature of Signing Officer or Director — Date