

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006208

**FILED**  
**Jul 07, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY ROOTS, INC.

**Current Principal Place of Business:**

140 E MICHIGAN AVE  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 972  
LAKE HELEN, FL 32744

**New Mailing Address:**

**FEI Number:** 26-2926801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, ELISHA L PD  
140 E MICHIGAN AVE  
LAKE HELEN, FL 32744 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:** D  
**Name:** HARRISON, SERENA  
**Address:** 1745 W ACADIAN DR  
**City-St-Zip:** DELTONA, FL 32725

**Title:** D  
**Name:** BATES, MELDA  
**Address:** 3415 QUAIL DR  
**City-St-Zip:** DELTONA, FL 32738

**Title:** PD  
**Name:** LEE, ELISHA  
**Address:** 140 E MICHIGAN AVE  
**City-St-Zip:** LAKE HELEN, FL 32744

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:** ELISHA LEE

PD

07/07/2012

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

\_\_\_\_\_  
Date