

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009832

FILED
Apr 06, 2009
Secretary of State

Entity Name: APOPKA AREA POLITICAL ALLIANCE, INC.

Current Principal Place of Business:

180 E. MAIN ST
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

180 E. MAIN ST
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3531366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAGO, PAUL
180 E. MAIN ST
APOPKA, FL 32703 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 () Delete
Name: VOSE, WADE ATTY
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MCLEOD, RAYMOND ATTY
Address: 48 E MAN STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: RANKIN, DAVID
Address: 21 E THIRD ST
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: YEAGER, SHREN
Address: 1643 N ROCK SRPINGS RD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: TILL, KATHY
Address: P.O. BOX 4454
City-St-Zip: APOPKA, FL 32704

Title: D () Delete
Name: ROSS, KAREN
Address: P.O. BOX 165000
City-St-Zip: ALTAMONTE SPRINGS, FL 327165000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: PAUL SEAGO

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date