

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 03, 2012**  
**Secretary of State**

DOCUMENT# N08000009832

**Entity Name:** APOPKA AREA POLITICAL ALLIANCE, INC.**Current Principal Place of Business:**180 E. MAIN ST  
APOPKA, FL 32703**New Principal Place of Business:**180 EAST MAIN ST  
APOPKA, FL 32703**Current Mailing Address:**180 E. MAIN ST  
APOPKA, FL 32703**New Mailing Address:**180 EAST MAIN ST  
APOPKA, FL 32703**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:**SEAGO, PAUL  
180 EAST MAIN ST  
APOPKA, FL 32703 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:

08/03/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: D  
Name: KURTZ, WENDY  
Address: 180 EAST MAIN STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: MCLEOD, RAYMOND A  
Address: 48 EAST MAN STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: RANKIN, DAVID  
Address: 1420 WEST ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: YEAGER, SHREN  
Address: 49-A E. THIRD ST.  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: SEAGO, PAUL  
Address: 180 E. MAIN ST  
City-St-Zip: APOPKA, FL 32703

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: RAYMOND A. MCLEOD

D

08/03/2012

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