

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000159

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** FLORIDA AUTOBODY COLLISION ALLIANCE "MID FLORIDA", INC.

**Current Principal Place of Business:**

925 MASSACHUSETTS AVE.  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

925 MASSACHUSETTS AVE.  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 26-3650212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEISNER, JOHN M  
925 MASSACHUSETTS AVE.  
LAKELAND, FL 33801 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: PD  
Name: MEISNER, JOHN M  
Address: 925 MASSACHUSETTS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: VD  
Name: JENKINS, DOE  
Address: 941 E. MAIN ST.  
City-St-Zip: LAKELAND, FL 33802

Title: SD  
Name: SURRENCY, CHERRI  
Address: 2615 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: D  
Name: GUNDER, RAY  
Address: 930 GRIFFIN ROAD  
City-St-Zip: LAKELAND, FL 33805

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: JOHN MICHAEL MEISNER

PD

03/30/2010

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

\_\_\_\_\_  
Date