

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002175

FILED  
May 05, 2011  
Secretary of State

**Entity Name:** ALL FLORIDA LENDING GROUP INC.

**Current Principal Place of Business:**

1225 WEST BEAVER STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1225 WEST BEAVER STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 26-4511537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, CARRIE  
2343 JERNIGAN ROAD  
JACKSONVILLE, FL 32207 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: P  
Name: THOMPSON, DEBORAH  
Address: 3150 BRIDGEVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: BOD  
Name: ANDERSON, TINIKA  
Address: 1936 NORTH LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: BOD  
Name: QUAINANCE, KHARIS  
Address: 333 EAST 2ND STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: BOD  
Name: RACHAL, SHANNON  
Address: 5024 ARAPAHOE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: BOD  
Name: TOWNS, CRYSTAL  
Address: 601 NORTH OCEAN STREET, #404  
City-St-Zip: JACKSONVILLE, FL 32202

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:** CARRIE L. DAVIS

MS.

05/05/2011

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

\_\_\_\_\_  
Date