

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005494

FILED  
May 17, 2010  
Secretary of State

**Entity Name:** GANG AWARENESS PREVENTION, INC.

**Current Principal Place of Business:**

1435 MELVIN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5911  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 27-0531074      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BAILEY, DOC  
1435 MELVIN STREET  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BAILEY, ELIZABETH  
**Address:** 1435 MELVIN STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** D  
**Name:** BAILEY, DACAYANO  
**Address:** 1435 MELVIN STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** D  
**Name:** DONALD, GREGORY  
**Address:** 2038 LAMBERT LANE  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** D  
**Name:** ALEXANDER, RAMON  
**Address:** 4533 ELTHAM PARK DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** D  
**Name:** MCMILLAN, HOWARD F DR.  
**Address:** 4001 CHAIRES CROSS ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** D  
**Name:** PARKER, ANTHONY  
**Address:** POST OFFICE BOX 753  
**City-St-Zip:** QUINCY, FL 32351

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: DACAYANO BAILEY

D

05/17/2010

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

\_\_\_\_\_  
Date