

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001722

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** ONE FOCUS RESOURCES, INC.

**Current Principal Place of Business:**

2689 BELLERIVE DR  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2689 BELLERIVE DR  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 27-2066003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNICHOL, ROBERT  
2689 BELLERIVE DR  
LAKELAND, FL 33803 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:** FD  
**Name:** MCNICHOL, ROBERT  
**Address:** 2689 BELLERIVE DR  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** COFD  
**Name:** MCNICHOL, JOHN  
**Address:** 1100 OAKBRIDGE PKEY #9  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** D  
**Name:** MCINTYRE, PHILIP  
**Address:** 1416 N LABREA AVE  
**City-St-Zip:** HOLLYWOOD, CA 90028

**Title:** D  
**Name:** ADEWUMI, MICHAEL DR.  
**Address:** 319 MATILDA AVE  
**City-St-Zip:** LEMONT, PA 16851

**Title:** D  
**Name:** DENNIS, JOSEPH DR.  
**Address:** 2658 VERANDAH VUE DR  
**City-St-Zip:** LAKELAND, FL 33813

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:** ROBERT MCNICHOL

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04/20/2012

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

\_\_\_\_\_  
Date