

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008096

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** BRONSON COMMUNITY ACCESS CENTER INC.

**Current Principal Place of Business:**

380 NORTH PINE STREET  
BRONSON, FL 32621 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 912  
BRONSON, FL 32621 US

**New Mailing Address:**

**FEI Number:** 27-2431809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONGO, JERRY L  
380 NORTH PINE STREET  
BRONSON, FL 32621 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:** DP  
**Name:** MONGO, JERRY L  
**Address:** 380 NORTH PINE STREET  
**City-St-Zip:** BRONSON, FL 32621 US

**Title:** DS  
**Name:** THOMAS, NATALIE D  
**Address:** 380 NORTH PINE STREET  
**City-St-Zip:** BRONSON, FL 32621 US

**Title:** DT  
**Name:** DASILVA, SALLY M  
**Address:** 380 NORTH PINE STREET  
**City-St-Zip:** BRONSON, FL 32621 US

**Title:** DVP  
**Name:** THOMAS, ANTHONY SR.  
**Address:** 380 NORTH PINE STREET  
**City-St-Zip:** BRONSON, FL 32621 US

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:** NATALIE D. THOMAS

DS

08/28/2012

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

\_\_\_\_\_  
Date