

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11020

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CONCERNED ACTION, INC.

## Current Principal Place of Business:

3813 RAVENNA DRIVE  
P.O. BOX 444  
VALRICO, FL 335950444 US

## New Principal Place of Business:

## Current Mailing Address:

3813 RAVENNA DRIVE  
P.O. BOX 444  
VALRICO, FL 335950444 US

## New Mailing Address:

FEI Number: 59-2579981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEALD, DON P.  
3813 RAVENNA DR.  
P.O. BOX 444  
VALRICO, FL 33595 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: TD ( ) Delete  
Name: ASH, APRIL  
Address: 7632 PARK BYRDE ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: TT ( ) Delete  
Name: ASH, DAN  
Address: 7632 PARK BYRDE RD  
City-St-Zip: LAKELAND, FL 33810

Title: VD ( ) Delete  
Name: WILLIAMS, DAN  
Address: 3516 BERRY BEND RD  
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete  
Name: PINNEY, SHARON  
Address: 2332 TOWERING OAKS CIRCLE  
City-St-Zip: SEFFNER, FL 33584

Title: ST ( ) Delete  
Name: AGAZARM, A J  
Address: 8738 WHISPERING OAKS TRAIL  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MP ( ) Delete  
Name: HEALD, DON  
Address: 3813 RAVENNA DRIVE  
City-St-Zip: VALRICO, FL 33595

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BRAUN, PAM  
Address: 1931 MEADOWRIDGE DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DON P HEALD

MP

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date