

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11020

FILED
Jan 08, 2008
Secretary of State

Entity Name: CONCERNED ACTION, INC.

Current Principal Place of Business:

3813 RAVENNA DRIVE
VALRICO, FL 33594 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 MP
3813 RAVENNA DR.
VALRICO, FL 33594 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: TS () Delete
Name: ASH, APRIL
Address: 7632 PARK BYRDE ROAD
City-St-Zip: LAKELAND, FL 33810

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

Title: S () Delete
Name: STARR, DENISE
Address: 120 GLEN RIDGE AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

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

Title: TD () Delete
Name: AGAZARM, A J
Address: 6414 RUNNEL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MP () Delete
Name: HEALD, DON P MP
Address: 3813 RAVENNA DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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

01/08/2008

Electronic Signature of Signing Officer or Director

Date