2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N11020

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 03/17/2009

Electronic Signature of Signing Officer or Director — Date