# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2012**
**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:**

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
Name: ASH, APRIL
Address: 7632 PARK BYRDE ROAD
City-St-Zip: LAKELAND, FL 33810

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

Title: S
Name: STARR, DENISE
Address: 207 WEST FLORILAND AVENUE
City-St-Zip: TAMPA, FL 33612

Title: SD
Name: STARR, RON
Address: 2O7 WEST FLORILAND AVENUE
City-St-Zip: TAMPA, FL 33612

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

Title: S
Name: HEALD, PAULA P MP
Address: 3813 RAVENNA DRIVE
City-St-Zip: VALRICO, FL 33594

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: DON P. HEALD MP 01/17/2012

Electronic Signature of Signing Officer or Director Date