

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27787

FILED  
Jan 18, 2011  
Secretary of State

Entity Name: CASA 12, INC.

**Current Principal Place of Business:**

2410 MONDAY ROAD  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12391  
TALLAHASSEE, FL 323172391 US

**New Mailing Address:**

FEI Number: 59-2915458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOUGHERTY, RALPH C  
1006 WAVERLY ROAD  
TALLAHASSEE, FL 323122814 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: VP  
Name: AKOM, ROCKNEY  
Address: 2981 BARCLAY COURT  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D  
Name: EVANS, WILL  
Address: 1713 SILVERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: S  
Name: HINES, DIANE  
Address: 1353 COLONIAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: P  
Name: RICKER, KATHLEEN O  
Address: 2928 PARRISH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: T  
Name: DAVIS, JAMES  
Address: 3027 RICHVIEW PARK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D  
Name: SAMS, JACK  
Address: 212 BELMONT ROAD  
City-St-Zip: TALLAHASSEE, FL 32301 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: KATHLEEN RICKER

PRES

01/18/2011

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

\_\_\_\_\_ Date