DOCUMENT # N48243

1. Entity Name
APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, INC.

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90043 023 ****70.00

Principal Place of Business
% JOHN H. BRIDGES COMMUNITY CENTER
445 WEST 13TH ST.
APOPKA, FL 32703

Mailing Address
PO BOX 157
APOPKA, FL 32704 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3117841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARGROVE, CHARLES D ESQ 601 N. MAGNOLIA ORLANDO, FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KING, RICHARD REV 37 E 19TH STREET APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WOOD, SHIRLEY 245 EAST CLEVELAND ST. APOPKA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Green, Carrie L. 22 West 16th Street Apopka, Fl 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, R.D. REV 1012 S. CLARCONA ROAD APOPKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLANDERS, KAREN 8 W 14TH ST APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MOORE, CLIFFORT 312 S LAKE AVE APOPKA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHINGTON, G.H. REV 1028 S. LAKE AVE APOPKA, FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pearson, Henry 2730 McQueen Road Apopka, Fl 32703	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eartha Salmon, Eartha Salmon — 02-11-04 — 407-880-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #