

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48243

FILED
Apr 25, 2005
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 157
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-3117841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGROVE, CHARLES D ESQ
601 N. MAGNOLIA
ORLANDO, FL 32806 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: DP () Delete
Name: KING, RICHARD REV
Address: 37 E 19TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: GREEN, CARRIE L
Address: 22 WEST 16TH STREET
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: DANIELS, R.D. REV
Address: 1012 S. CLARCONA ROAD
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: FLANDERS, KAREN
Address: 8 W 14TH ST
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: PEARSON, HENRY
Address: 2730 MCQUEEN ROAD
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: WASHINGTON, G.H. REV
Address: 1028 S. LAKE AVE
City-St-Zip: APOPKA, FL 32703

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: D (X) Change () Addition
Name: MILLSAP, SUZIE
Address: 172 RAND COURT
City-St-Zip: APOPKA, FL 32703

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 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 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: EARTHA SALMON

DIR.

04/25/2005

Electronic Signature of Signing Officer or Director

Date