

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 026 ****70.00

DOCUMENT # N48243

1. Entity Name

AOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, INC.



Principal Place of Business

Mailing Address

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

PO BOX 157
AOPKA FL 32704
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KING, RICHARD REV	
STREET ADDRESS	37 E 19TH STREET	
CITY- ST- ZIP	AOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, CARRIE L	
STREET ADDRESS	22 WEST 16TH STREET	
CITY- ST- ZIP	AOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, R.D. REV	
STREET ADDRESS	1012 S. CLARCONA ROAD	
CITY- ST- ZIP	AOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLSAP, SUZIE	
STREET ADDRESS	172 RAND COURT	
CITY- ST- ZIP	AOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARSON, HENRY	
STREET ADDRESS	2730 MCQUEEN ROAD	
CITY- ST- ZIP	AOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, KENNETH E	
STREET ADDRESS	1111 N ROCK SPRINGS RD	
CITY- ST- ZIP	AOPKA FL 32712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Esq. Dir.* 3-15-07 407-880-0185