2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N48243

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:	MILLSAP, SUZIE	
Address:	172 RAND COURT	
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:	WILSON, KENNETH E	
Address:	1111 N ROCK SPRINGS RD	
City-St-Zip:	APOPKA, FL 32712	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MOORE, CLIFFORD	
Address:	1950 POMERANIAN CT	
City-St-Zip:	APOPKA, FL 32712	
Title:	D	( ) Change (X) Addition
Name:	DALY, BARRY	
Address:	607 SHONNORA DR	
City-St-Zip:	GOTHA, FL 34734	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD KING DP 04/24/2008

Electronic Signature of Signing Officer or Director — Date