

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48243

FILED  
Apr 20, 2009  
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: 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: MOORE, CLIFFORD  
Address: 1950 POMERANIAN CT  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: DALY, BARRY  
Address: 607 SHONNORA DR  
City-St-Zip: GOTH A, FL 34734

**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: ( ) 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 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: REV RICHARD KING

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date