2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004772

1. Entity Name



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90100 007 ****61.25

	AMERICAN ASSOCIATION (CENT AREAS, INCORPORAT								
Principal Place of Business POST OFFICE BOX 1374 DUNNELLON FL 34430		Mailing Address POST OFFICE BOX 1374 DUNNELLON FL 34430							
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		*	4. FEI Number 59-3017078 Applied For				
Zip Country		Zip Country						ot Applicable ditional	
6. Name and Address of Curren		t Dogistavad Apont			Fee Required				
BAIRD, RUTH 2586 W SHAW PL CITRUS SPRINGS FL 34434				7. Name and Address of New Registered Agent Name OUNG HILDA Street Address (P.O. Box Number is Not Acceptable) 1808 W. FREEMAN PLACE City CITRYS SPRINGS FL Zip Code 3494					
the obliga	enamed entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent. FILE:NOW: FEE IS \$61.25	eng	Registered Agent	signature required		Make Check	Payable	to	
10-	OFFICERS AND DI	L RECTORS	11.	Δ	DDITIONS/CHANGE	ES TO OFFICERS AND DIR	ECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	PD GONSALVES, CARMEN 1815 W LORRAINE DR CITRUS SPRINGS FL 34434	Delete	TITLE NAME STREET ADDR	PD BER 100:	MUDEZ 51 N. RUT	JEANETTE TH TERR. S FL. 34434	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERMUDEZ, JEANETTE 10051 N. RUTH TERR. CITRUS SPRINGS FL	Delcte	NAME STREET ADDR	ROTESS 920 CITA	PRIGUEL, 19 N. HAI LYS SPRING	ERIS WAY S FL 34434	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIRD, RUTH 2586 W SHAW PLACE CITRUS SPRINGS FL	☐ Delete	NAME STREET ADDR	SD H 1803	YOUNG, 8 W. FREE		CM Change	Addition	
TITLE Name Street address City-St-Zip	VP RODRIGUEZ, GRACE 9209 N HARRIS WAY CITRUS SPRINGS FL 34434	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	U P. BAI	RD RUT	•	(X) Change	☐ Addition	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	• • • •		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	Addition	
rz. i nereby c	certify that the information supplied with	this filing does not qualify for t	ne exemption	stated in Sec	tion 119.07(3)(i), Flo	rida Statutes. I further certit	fy that the inf	formation	

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:

352-4893325