## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002144

City-St-Zip:

EUSTIS, FL 32727

Entity Name: SIDEWALK ACTION TEAM, INC.

FILED Jun 04, 2008 Secretary of State

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Current Principal Place of Business:		New Princ	New Principal Place of Business:	
403 EUCLID AVE. LEESBURG, FL 34748		570 CR 531 SUMTERVILLE, FL 33585		
Current Mailing Address:		New Mailing Address:		
POST OFFICE BOX 490921 LEESBURG, FL 347490921		POST OFFICE BOX 190 SUMTERVILLE, FL 33585		
FEI Number:	FEI Number Applied For()  FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not App the prior notic		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
LOWE, REX I 403 EUCLID STREET LEESBURG, FL 34748 US		LOWE, REX I 570 CR 531 SUMTERVILLE, FL 33585 US		
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			06/04/2008	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD ( ) Delete LOWE, REX I 403 EUCLID AVE. LEESBURG, FL 34748	Title: Name: Address: City-St-Zip:	PSD (X) Change ( ) Addition LOWE, REX I 570 CR 531 SUMTERVILLE, FL 33585	
Title: Name: Address: City-St-Zip:	VD () Delete SANDERS, GORDON L 723 MARIETTA ST LEESBURG, FL 34748	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MITTCHELL, PERNELL 1920 FERN CIRCLE LEESBURG, FL 34748	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MURPHY, DAVID A 2833 SE LAKE WEIR ROAD OCALA, FL 34471	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () Delete GANUS, KEVIN E P.O. BOX 554 N/A	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: REX I. LOWE PSD 06/04/2008