## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # N9900000917  T. Entity Name ACTION FOR A BETTER COMMUNITY, INC.				1	05 90287 025 ****61.25
Principal Place of Business 607 PALM AVE APT A FT. PIERCE, FL 34982		Mailing Address 607 PALM AVE APT A FT. PIERCE, FL 34982			
7/0 CECAR Place E 2. Principal Place of Business		9. Mailing Address			
Suite, Apt. #, etc.  City & State  City & State		City & State	· /	03152005 Chg-NP	CR2E037 (10/03)  Applied For
.349ís			C FA,	65-0895095  5. Certificate of Status Desire	Fee Required
6. Name and Address of Current Registered Agent  GARVIN, SHIRLEY  507 N. 6TH ST.  FT. PIERCE, FL 34950  City  T. Name and Address of New Registered Agent  Name  City  City  Lip 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 projectered agent.  SIGNATURE  SIGNATURE  (NOTE: Registered Agent signature required when renstating)  DATE					
Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10. TITLE NAME STREET ADDRESS CITY-ST-ZEP	OFFICERS AND DIF  D MIMS, HENRY J JR. 2612 ROBERT TRENT JONES D ORLANDO, FL 32835	Delete	III.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Change And directions in 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, MARCIA 16526 CYPRESS BRIDGE DR CYPRESS, TX 77427		TITLE CHA! STANDERS P. O. CITY-ST-ZIP	nest Garvin Box 12764 Pierce FA.3	Defange ⊈raddition \ 4979
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P GARVIN, SHIRLEY 507 7TH 6TH ST. FT. PIERCE, FL 34950		TITLE SA	Mey Garli Ocedar Pla Pierce Fr	C Defrange □ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZP	D DAWTRY, KIMBERLY 709 CEDAR PLACE FORT PIERCE, FL 34950		TITLE NAME STREET AOORESS OTTY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D LEE, PATSY 707 NTH 1TH ST. INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZBP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addision
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustife 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 air address, with all other like empowered.					