## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002727

FILED Feb 25, 2008 Secretary of State

Entity Name: ACTION NETWORK OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1001 NE 16TH AVE GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

PO BOX 5246 GAINESVILLE, FL 32627

FEI Number: 59-3583996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYDA, CLIFF

1001 N.E. 16TH AVE.

GAINESVILLE, FL 32601 US

JAMES, SIBREY W CHAIR
6009 SW 63RD LANE
GAINESVILLE, FL 32608 US

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: JAMES W. SIBREY 02/25/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete TAYLOR, ADRIAN JAMES, SIBREY W CHAIR Name: Name: 120 SE WILLISTON ROAD Address: 6009 SW 63RD LANE Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: GAINESVILLE, FL 32648 Title: ( ) Delete Title: (X) Change ( ) Addition JULIEN, ROLAND Name: RUTHA, HARRISON V-CHAIR Name: Address: 412 NE 16TH AVENUE Address: 6519 W NEWBERRY RD. City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change ( ) Addition REIMER, LARRY Name: ROSCHELLA, FORD SECRETA Name: 1624 NW 5TH AVENUE PO BOX 140425 Address: Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: GAINESVILLE, FL 32614 Title: () Delete Title: ( ) Change (X) Addition Name: Name: MARIANNE, SCHMINK TREASUR 913 NW 20TH TERRACE Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32603

Title: ( ) Delete Title: D ( ) Change (X) Addition Name: WALTER, BARRY DIRECTO
Address: Address: 1411 NW 31ST STREET
City-St-Zip: City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MICHELE, DIX DIRECTO

 Address:
 Address:
 2020 NE 15TH STREET

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32609

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: JAMES W. SIBREY CHAI 02/25/2008