

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002727

FILED
May 01, 2011
Secretary of State

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

Current Principal Place of Business:

1001 NE 16TH AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 5246
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 59-3583996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JR., SAMUEL
915 SE 19TH ST
GAINESVILLE, FL 32641 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: OFC
Name: JONES, JR., SAMUEL
Address: 915 SE 19TH ST
City-St-Zip: GAINESVILLE, FL 32641 US

Title: OFC
Name: THORPE, KEVIN W
Address: 2905 SE 21ST AVE
City-St-Zip: GAINESVILLE, FL 32641 US

Title: OFC
Name: JULIEN, ROLAND
Address: 500 NE 16 AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: OFC
Name: BROWN, MERRILL
Address: NW 63RD ST
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR
Name: GREEN, SHIRLEY A
Address: 2820 NE 17TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: DIR
Name: WILLIAMS, CHERYL
Address: 2020 NE 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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 all other like empowered.

SIGNATURE: PASTOR SAMUEL JONES JR

OFC

05/01/2011

Electronic Signature of Signing Officer or Director

Date