

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004158

FILED
Feb 10, 2012
Secretary of State

Entity Name: GOLDENROD COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

4755 PALMETTO RD.
WINTER PARK, FL 32792

New Principal Place of Business:

5100 OLD HOWELL BRANCH ROAD
WINTER PARK, FL 32792

Current Mailing Address:

P. O. BOX 61
GOLDENROD, FL 32733

New Mailing Address:

P. O. BOX 333
GOLDENROD, FL 32733

FEI Number: 59-3587502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLSON, WILLIAM E
9955 LAKE GEORGIA DRIVE
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

FOX, DODI CPA
5100 OLD HOWELL BRANCH ROAD
WINTER PARK, FL 32792 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: DODI FOX, CPA

02/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLARKE, SCOTT
Address: 5100 OLD HOWELL BRANCH ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: VD
Name: BAILEY, MARK
Address: 5100 OLD HOWELL BRANCH ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: TD
Name: FOX, DODI CPA
Address: 5100 OLD HOWELL BRANCH ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: SD
Name: HINKLEY, CINDY
Address: 5100 OLD HOWELL BRANCH ROAD
City-St-Zip: WINTER PARK, FL 32792

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: SCOTT CLARKE PRESIDENT

PD

02/10/2012

Electronic Signature of Signing Officer or Director

Date