

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 044 ***150.00

DOCUMENT # P07000123770
1. Entity Name

CORRIGAN PLACE AFCH, INC.

DO NOT WRITE IN THIS SPACE

60023757

2. Principal Place of Business
11420 CORRIGAN ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL

City & State

4. FEI Number
41-2259049

Applied For
Not Applicable

Zip
34609

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JENNIFER GUNN

Street Address (P.O. Box Number is Not Acceptable)
12564 GULLIVER ROAD

City
SPRING HILL

FL

Zip Code
34609

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PRESIDENT
JENNIFER GUNN
12564 GULLIVER ROAD
SPRING HILL, FL 34609

TITLE
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CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **JENNIFER V. GUNN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/8 727-410-7966