

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008910

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC6728856547**

**Entity Name:** ALL IN ONE COMMUNITY CENTER INC

**Current Principal Place of Business:**

1236 N PINE HILLS RD  
B  
ORLANDO, FL 32808

**Current Mailing Address:**

1236 N PINE HILLS RD  
B  
ORLANDO, FL 32808

**FEI Number: 46-3744104**

**Certificate of Status Desired: No**

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

LEONARD, SHERLYN  
1236 N PINE HILLS RD  
ORLANDO, FL 32808 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LEONARD, SHERLYN  
Address 1236 N PINE HILLS RD STE B  
City-State-Zip: ORLANDO FL 32808

Title S  
Name LONG, ROSA  
Address 1236 N PINE HILLS RD  
City-State-Zip: ORLANDO FL 32808

Title C  
Name APONTE, DENISE  
Address 2236 RIO PINAR LAKES BLVD  
City-State-Zip: ORLANDO FL 32822

Title C  
Name SAINT-FILUS, ORESTE  
Address 3051 GOLDEN ROCK DR.  
City-State-Zip: ORLANDO FL 32818

Title PCEO  
Name LEONARD, SHERLYN  
Address 1236 N PINE HILLS RD STE B  
City-State-Zip: ORLANDO FL 32808

Title ST  
Name GRIFFIN, CATHERINE  
Address 4732 DANZIG CT  
City-State-Zip: ORLANDO FL 32811

*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: SHERLYN LEONARD**

**PCEO**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date