

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008910

Entity Name: ALL IN ONE COMMUNITY CENTER INC

Current Principal Place of Business:

1236 N PINE HILLS RD
B
ORLANDO, FL 32808

FILED
Apr 09, 2015
Secretary of State
CC8668961975

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 T
Name LUCINDA, MYERS
Address 5619 SILVER SPRUCE DR.
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

DIRECTOR

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date