

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48243

**Entity Name:** APOPKA COALITION TO IMPROVE OUR NEIGHBORHOOD, INC.**Current Principal Place of Business:**

% JOHN H. BRIDGES COMMUNITY CENTER  
445 WEST 13TH ST.  
APOPKA, FL 32703

**Current Mailing Address:**

PO BOX 157  
APOPKA, FL 32704 US

**FEI Number: 59-3117841****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HARGROVE, CHARLES D ESQ  
601 N. MAGNOLIA  
ORLANDO, FL 32806 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 D  
Name GREEN, CARRIE L  
Address 22 WEST 16TH STREET  
City-State-Zip: APOPKA FL 32703

Title D  
Name MILLSAP, SUZIE  
Address 172 RAND COURT  
City-State-Zip: APOPKA FL 32703

Title D  
Name PEARSON, HENRY  
Address 2730 MCQUEEN ROAD  
City-State-Zip: APOPKA FL 32703

Title D  
Name DALY, BARRY  
Address 607 SHONNORA DR  
City-State-Zip: GOTH A FL 34734

Title DP  
Name KING, RICHARD E REV  
Address 1534 PALMSTONE DR.  
City-State-Zip: APOPKA FL 32703

*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: REV. RICHARD E. KING****PRESIDENT****04/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date