Secretary of State Statement of Information

17

SI-100

(California Nonprofit, Credit Union and General Cooperative Corporations)

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

 Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

7. The Information contained herein, including in any attachments, is true and correct.

17-624796

FILED

Secretary of State State of California

MAY 0 2 2017

NF

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3286376

Action for A Progressive Future
3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations), State	Zip Code
1500 W. EL Camino Ave. #370	Socramen	CA	95833
b. Mailing Address of Corporation, if different than item 3a	City (no aboreviations		Zip Code
The Corporation is required to enter the names and addresses of	all three of the effects set furth he	Now An additional title for Chief	Executive Officer
4. Officers or Chief Financial Officer may be added; however, the preprinted to			Executive Cilicer
a. Chief Executive Officer/ First Name Middle Name	Last Name		Suffix
Pia	Salle	200	
Address //6 /4th St SW	City (no abbreviations	State NM	7/02
5. Secretary First Name Middle Name	Ltst Name		Suffix
Deborah	l lho	mas	
1 Add	City (no appreviations) State	Zip Code
1500 W. El Camino Ave. #370 Socramento		cato CA	95833
c. Chief Financial Officer/ First Name Middle Name	Laet Name		Suffix
176	(or	ien	ļ.
Address /	City (no abbreviations		Zip Code
Address / 500 W. El Camino Aux. #370 Sacramento		into CA	958 3 3
5. Service of Process (Must provide either Individual OR Corporation.)	, i o carra	2110	
INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name an	d California street address.		
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
,			J
b. Street Address (if agent is not a corporation) • Do not enter a P.O. Bcx City (no abbreviations)		State	Zip Code
b, select realists (it agains a net a corporation) - bo not after a 7.5. bc.x	City (no add, swallons)	CA	21p code
	<u> </u>	- CA	1
CORPORATION – Complete Item 5c only. Only include the name of the registere			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete	Item 5a or 5b	1016	
Megistered Agents Inc.	(() 3 3	65816)	
6. Corrienon Interest Developments			
Check here if the corporation is an association formed to n	nanage a common interes	t development under the	- Davis-Sterling
Common Interest Development Act (California Civil Code section	Tarresgo a opinimon mitoros	•	
	on 4000, et seg.) or under	the Commercial and Ind	ustrial Common
Interest Development Act (California Civil Code section 6500, e Development Association (Form SI-CID) as required by Californ	et seq.). The corporation m	oust file a Statement by C	ommon Interest

SI-100 (REV 01/2017)

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Chief Ex. Officer