2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N03000005286

Entity Name: NORTHEAST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

112 ESCALONA AVENUE
PENACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

112 ESCALONA AVENUE
PENACOLA, FL 32503

New Mailing Address:

FEI Number: 20-0901720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, BETTY
112 ESCALONA AVENUE
PENACOLA, FL 32503 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BREWER, SHELBY
Address: 3801 NORTH 12TH AVENUE
City-St-Zip: PENACOLA, FL 32503 31

Title: D ( ) Delete
Name: ROCHELL, JEAN
Address: 1301 EAST SCOTT STREET
City-St-Zip: PENACOLA, FL 32503

Title: D ( ) Delete
Name: ALLEN, BETTY
Address: 112 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D ( ) Delete
Name: ALLEN, CAL
Address: 112 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D ( ) Delete
Name: RILEY, BERNADETTE
Address: 114 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D ( ) Delete
Name: JERRALDS, VIOLA
Address: 101 ESCALONA AVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RILEY, JOHN
Address: 114 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTY ALLEN D 04/16/2009

Electronic Signature of Signing Officer or Director — Date