


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 011 ****61.25

DOCUMENT # N07000001181

1. Entity Name
CALLAHAN NEIGHBORHOOD ASSOCIATION, INC.



40045110

Principal Place of Business
 127 WEST WEST POLK STREET
 ORLANDO, FL 32805

Mailing Address
 PO BOX 551110
 ORLANDO, FL 32855-1110



2. Principal Place of Business - No P.O. Box #
1027 West Polk St.

3. Mailing Address
 Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State
Orlando FL

City & State

Zip
32805

Country

4. FEI Number
68-0172274

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN, ANNIE P
 1027 W POLK STREET
 ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Annie Patricia Brown, President 03/10/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ANNIE P 1027 WEST POLK STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JEROME T 1020 WEST POLK STREET ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OWENS, JOSIE B 110 NORTH WESTMORELAND DRIVE ORLANDO, FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NICHOLSON, LYNN 36 NORTH TERRY AVE ORLANDO, FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SARAH 741 WEST BENTLEY STREET ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ALMA 114 NORTH WESTMORELAND DRIVE ORLANDO, FL 32805	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DOROTHY 722 W. BENTLEY ORLANDO, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annie Patricia Brown* *03/10/08* *(407) 245-1825 ext 2523*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #