

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004321

1. Entity Name
**THE ELIZA VARNES NEIGHBORHOOD ASSOCIATION,
INC.**



Principal Place of Business
**3802 HIGHVIEW ROAD
SEFFNER, FL 33584**

Mailing Address
**3802 HIGHVIEW ROAD
SEFFNER, FL 33584**



08042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3410094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, CHARLOTTE I
3802 HIGHVIEW ROAD
SEFFNER, FL 33584**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000169562
08/09/04-80001-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WILSON, DANNELL
1811 OAK ST.
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
EDWARDS, BETTY
3804 HIGH NOW RD
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
WILSON, DORIS
1811 OAK ST.
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ANDERSON, JULIA
3804 HIGHVIEW RD.
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRKLAND, NANCY
323 TITIAN ROAD
SEFFNER, FL 33584**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Charlotte I. Anderson* **Charlotte I. Anderson** **8/14/04** **(813) 689-7313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #