2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State
08-22-2005 90063 008 ****61.25

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

Principal Place of Business	Mailing Address
3802 HIGHVIEW ROAD SEFFNER, FL 33584	3802 HIGHVIEW ROAD SEFFNER, FL 33584

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08092005 No Chg-NP CR2E037 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WILSON, ~~DANNELL~~ Darnell
STREET ADDRESS	1811 OAK ST.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	VCD
NAME	EDWARDS, BETTY
STREET ADDRESS	3804 ~~HIGH NOW~~ RD Highview Rd.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	DS
NAME	WILSON, DORIS
STREET ADDRESS	1811 OAK ST.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	TD
NAME	ANDERSON, JULIA
STREET ADDRESS	3804 HIGHVIEW RD.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	KIRKLAND, NANCY
STREET ADDRESS	323 TITIAN ROAD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 8/15/05 (813)689-7313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #