


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 013 \*\*\*\*61.25

<b>DOCUMENT # N96000004321</b>					
<b>1. Entity Name</b> THE ELIZA VARNES NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3802 HIGHVIEW ROAD SEFFNER, FL 33584		<b>Mailing Address</b> 3802 HIGHVIEW ROAD SEFFNER, FL 33584		90110000	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		01262007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3410094 <input type="checkbox"/> Applied For Not Applicable	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ANDERSON, CHARLOTTE I 3802 HIGHVIEW ROAD SEFFNER, FL 33584				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DARNELL		NAME	Christine Kemp	
STREET ADDRESS	1811 OAK ST.		STREET ADDRESS	1909 S. Oak St.	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, BETTY		NAME	Charlotte I. Anderson	
STREET ADDRESS	3804 HIGHVIEW RD		STREET ADDRESS	3802 Highview Road	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DORIS		NAME	Maria Philon	
STREET ADDRESS	1811 OAK ST.		STREET ADDRESS	1212 Varnes Alley	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JULIA		NAME		
STREET ADDRESS	3804 HIGHVIEW RD.		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, NANCY		NAME		
STREET ADDRESS	323 TITIAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Charlotte I. Anderson</i>				4/25/07 (813) 610-1413	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	