

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004321

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE ELIZA VARNES NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3802 HIGHVIEW ROAD
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

3802 HIGHVIEW ROAD
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3410094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CHARLOTTE I
3802 HIGHVIEW ROAD
SEFFNER, FL 33584 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: TD () Delete
Name: KEMP, CHRISTINE
Address: 1909 S. OAK ST.
City-St-Zip: SEFFNER, FL 33584

Title: VCD () Delete
Name: EDWARDS, BETTY
Address: 3804 HIGHVIEW RD
City-St-Zip: SEFFNER, FL 33584

Title: CS () Delete
Name: ANDERSON, CHARLOTTE I
Address: 3802 HIGHVIEW ROAD
City-St-Zip: SEFFNER, FL 33584

Title: DS () Delete
Name: PHILON, MARIA
Address: 1212 VARNES ALLEY
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: KIRKLAND, NANCY
Address: 323 TITIAN ROAD
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: CHARLOTTE I. ANDERSON

CS

04/21/2009

Electronic Signature of Signing Officer or Director

Date