

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State



DOCUMENT # N98000001854			
1. Entity Name RICHMOND HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 4482 WHEATLEY STREET ORLANDO FL 32811		Mailing Address 4482 WHEATLEY STREET ORLANDO FL 32811	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FUDGE, LAURETHA 4482 WHEATLEY STREET ORLANDO FL 32811		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

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 Lauretha Fudge President (NOTE: Registered Agent signature required when reinstating) DATE 4-28-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUDGE, LAURETHA			NAME			
STREET ADDRESS	4482 WHEATLEY STREET			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, SHIRLEY			NAME			
STREET ADDRESS	4215 TATUM ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, BRENDA			NAME			
STREET ADDRESS	4467 WHEATLEY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNTLEY, RICHARD			NAME			
STREET ADDRESS	4427 CEPEDA SR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, JAME			NAME			
STREET ADDRESS	4044 FORD STREET			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			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			

N00000356398
05/01/05-80012-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Lauretha Fudge DATE: 4-28-05 DAYTIME PHONE #: 407-425-8274