

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007645

FILED
May 01, 2003
Secretary of State

Entity Name: SOUTH CITY NEIGHBORHOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

804 GOLFVIEW DR.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

804 GOLFVIEW DR.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3658346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIS, MARYANN
804 GOLFVIEW DR.
TALLAHASSEE, FL 32301

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: TREA () Delete
Name: ARNOLD, ROSA LEE
Address: 2607 BRIGHTON ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FINNEY, MONA
Address: 2609 BRIGHTON ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BARNUM, TRUDY
Address: 702 WEST MADISON STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: PRES () Delete
Name: TRAVIS, THERON
Address: 804 GOLFVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BAKER, LEROY JR
Address: 2227 HILLSIDE ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: WILLIAMS, ROSA L
Address: 808 GOLFVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ARNOLD, GLADYS
Address: 2427 WILLIAM JONES LANE
City-St-Zip: TALLAHASSEE, FL 32308

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 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 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: MARYANN TRAVIS

SEC

05/01/2003

Electronic Signature of Signing Officer or Director

Date