2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90021 040 ****61.25

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1. Entity Name
ANNA FORBES LIDDELL PROJECT, INC.

Principal Place of Business	Mailing Address
5033 BRILL PT RD TALLAHASSEE, FL 32312	5033 BRILL PT RD TALLAHASSEE, FL 32312

02032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0787343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBARD, CAROLYN 5033 BRILL PT RD TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DUBARD, CAROLYN 5033 BRILL PT RD TALLAHASSEE, FL 32312	☐ Delete	D Green-Powell, Patricia 2013 Ambroise Court Tallahassee, FL 32305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BENDA, NANCY 2430 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32301	☐ Delete	D Mildred Hall 9017 Turnberry Court Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CONTE, JO 2001 E INDIANHEAD DR TALLAHASSEE, FL 32301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, JEAN 2545 NOBLE DR TALLAHASSEE, FL 32308	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, EVA 1904 CHULI NENE TALLAHASSEE, FL 32301	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETEMADI, JUDY 5019 MCLAUGHLIN DR TALLAHASSEE, FL 32309	☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: S Conte 2/4/08 850-245-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #