SIGNATURE: TERESA Z. LYGATE

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

### FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

### Officer/Director Detail :

Officer/Director Detail :			
Title Name	DIRECTOR, VP, TREASURER, SECRETARY ACHARY, MICHAEL M. 228 ST. CHARLES AVENUE EXECUTIVE OFFICES	Title	DIRECTOR, PRESIDENT
		Name	HAIRSTON, JOHN M.
Address		Address	2510 14TH STREET
Address		City-State-Zip:	GULFPORT MS 39501
City-State-Zip:	NEW ORLEANS LA 70130	Title	ASST. SECRETARY
		The	
Title	ASST. SECRETARY	Name	LYGATE, TERESA Z.
Name	LOUPE, PATRICIA K.	Address	228 ST. CHARLES AVENUE SUITE 626
Address	228 ST. CHARLES AVENUE EXECUTIVE OFFICES	City-State-Zip:	
City-State-Zip:	NEW ORLEANS LA 70130		
Title	CORPORATE TAX OFFICER		
Name	LESTELLE, ELIZABETH M.		
Address	228 ST. CHARLES AVENUE		
City-State-Zip:	NEW ORLEANS LA 70130		

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0600002216

Entity Name: PEOPLES FIRST COMMERCIAL CENTER PROPERTY OWNERS=ASSOCIATION, INC.

### Current Principal Place of Business:

2510 14TH STREET ATTN LEGAL DEPT,6TH FLOOR GULFPORT, MS 39501

### **Current Mailing Address:**

228 ST. CHARLES AVENUE, SUITE626 ATTN: TERESA LYGATE NEW ORLEANS, LA 70130 US

I hereby 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

Date

04/18/2016

FILED Apr 18, 2016 Secretary of State CC2341694119

Certificate of Status Desired: No

Date