

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002216

**Entity Name:** PEOPLES FIRST COMMERCIAL CENTER PROPERTY OWNERS=ASSOCIATION, INC.**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC9059579938****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**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR, VP, TREASURER,  
SECRETARY  
Name ACHARY, MICHAEL M.  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title ASST. SECRETARY  
Name LOUPE, PATRICIA K.  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
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

Title DIRECTOR, PRESIDENT  
Name HAIRSTON, JOHN M.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title ASST. SECRETARY  
Name LYGATE, TERESA Z.  
Address 228 ST. CHARLES AVENUE  
SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

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

**SIGNATURE: TERESA Z. LYGATE****ASST. SECRETARY****04/20/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date