

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010276

Entity Name: ANNA FORBES LIDDELL PROJECT, INC.**Current Principal Place of Business:**5033 BRILL PT RD
TALLAHASSEE, FL 32312**Current Mailing Address:**5033 BRILL PT RD
TALLAHASSEE, FL 32312**FEI Number:** 02-0787343**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTE, JO
2001 E. INDIANHEAD DR
TALLAHASSEE, FL 32301 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	DP
Name	DUBARD, CAROLYN
Address	5033 BRILL PT RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	DS
Name	BENDA, NANCY
Address	2430 OLD ST AUGUSTINE RD
City-State-Zip:	TALLAHASSEE FL 32301

Title	DT
Name	CONTE, JO
Address	2001 E INDIANHEAD DR
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	BRYANT, JEAN
Address	2545 NOBLE DR
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	CURRY, EVA
Address	1904 CHULI NENE
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	ETEMADI, JUDY
Address	5019 MCLAUGHLIN DR
City-State-Zip:	TALLAHASSEE FL 32309

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: JO CONTE**TREASURER/DIRECTOR** 01/15/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date