

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001181

**FILED**  
**Feb 26, 2013**  
**Secretary of State**  
**CC6886366257**

**Entity Name:** CALLAHAN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1027 W POLK ST  
ORLANDO, FL 32805

**Current Mailing Address:**

PO BOX 551110  
ORLANDO, FL 32855-1110

**FEI Number: 68-0172274**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, ANNIE P  
1027 W POLK STREET  
ORLANDO, FL 32805 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 BROWN, ANNIE P  
Address 1027 WEST POLK STREET  
City-State-Zip: ORLANDO FL 32805

Title DV  
Name WILLIAMS, JEROME T  
Address 1020 WEST POLK STREET  
City-State-Zip: ORLANDO FL 32805

Title DS  
Name BUREY, JOSIE B  
Address 110 NORTH WESTMORELAND DRIVE  
City-State-Zip: ORLANDO FL 32805

Title DT  
Name WILLIAMS, JEROME P  
Address 1020 WEST POLK STREET  
City-State-Zip: ORLANDO FL 32805

Title D  
Name PETERSON, DOROTHY  
Address 722 W BENTLEY STREET  
City-State-Zip: ORLANDO FL 32805

Title D  
Name BRYANT, ALMA  
Address 114 NORTH WESTMORELAND DRIVE  
City-State-Zip: ORLANDO FL 32805

*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: ANNIE PATRICIA BROWN**

**PRESIDENT**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date