

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722573

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** MICCOSUKEE HILLS AREA ASSOCIATION, INC.

**Current Principal Place of Business:**

1901 WELLS ST  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1901 WELLS ST  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 23-7433837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWMAN, LORI  
1901 WELLS ST  
TALLAHASSEE, FL 32308 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEWMAN, LORI J  
Address: 1901 WELLS ST  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T  
Name: WILLIAMS, ARVIL M  
Address: 1508 KESSEL DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: POST, AUDREY E  
Address: 1514 COOMBS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S  
Name: NEWMAN, PETER P  
Address: 1901 WELLS STREET  
City-St-Zip: TALLAHASSEE, FL 32308

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: LORI NEWMAN

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date