2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 745117

Entity Name: ST. TERESA DOCK ASSOCIATION,INC.

Current Principal Place of Business:

1561 HICKORY AVE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1561 HICKORY AVE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-1902120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPKINS, JUDITH J
1561 HICKORY AVE
TALLAHASSEE, FL 32303 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:	D	( ) Delete
Name:	HYDE, JERRY	
Address:	592 FRANK SHAW RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	VP	( ) Delete
Name:	PROCTOR, MARTIN	
Address:	2218 DEMERON ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	S	( ) Delete
Name:	HOPKINS, JUDY	
Address:	1561 HICKORY	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TD	( ) Delete
Name:	MCDANIEL, NORA	
Address:	802 HILLCREST AVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	MARKSEN, SARA	
Address:	149 SE VILLAS COURT	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	VP	( ) Delete
Name:	BEECHER, LEWIS	
Address:	919 WAVERLY RD	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	PROCTOR, MARTIN	
Address:	2218 DEMERON ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KUERSTEINER, KRIS	
Address:	2255 TEN OAKS DR.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDY HOPKINS S 02/11/2009

Electronic Signature of Signing Officer or Director — Date