

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751597

FILED
Apr 30, 2004
Secretary of State

Entity Name: NORTHWEST TALLAHASSEE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1907 IVAN DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1907 IVAN DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2400905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, HAYNES A
1907 IVAN DRIVE
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: PD () Delete
Name: HUTCHINSON, KENT
Address: 911 SAN LUIS ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD () Delete
Name: SCHWERZEL, SHARON
Address: 2408 SAN PEDRO DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP () Delete
Name: OLIGNEY, JIM
Address: 1111 DOMINGO DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: ANDERSON, MONICA
Address: 1302 SAN LUIS ROAD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MCDANIEL, HAYNES A
Address: 1907 IVAN DRIVE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAYNES MCDANIEL

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date