2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 755551

Entity Name: THE TERRACE ASSOCIATION, INC.

Current Principal Place of Business:

499 TERRACE CT
(UNIT 301)
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

499 TERRACE CT
SANFORD, FL 32773 US

New Mailing Address:

499 TERRACE CT
(UNIT 301)
SANFORD, FL 32773 US

FEI Number: 59-2482056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACPHERSON, RUSSELL P
301 TERRACE CT
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

MACPHERSON PHD, RUSSELL P
301 TERRACE CT
SANFORD, FL 32773 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: RUSSELL P MACPHERSON PHD 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MACPHERSON, RUSSELL P
Address: 301 TERRACE CT
City-St-Zip: SANFORD, FL 32773 US

Title: VP ( ) Delete
Name: MIMS, MYRT
Address: 304 TERRACE CT
City-St-Zip: SANFORD, FL 32773 US

Title: TREA ( ) Delete
Name: MACPHERSON, RUSSELL P
Address: 301 TERRACE CT
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MACPHERSON PHD, RUSSELL P
Address: 301 TERRACE CT
City-St-Zip: SANFORD, FL 32773 US

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 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: RUSSELL P MACPHERSON PHD PRES 03/31/2009
Electronic Signature of Signing Officer or Director Date