2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 761493

Entity Name: FRUITLAND HEIGHTS NEIGHBORHOOD ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1837 20TH AVE SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1837 20TH AVE SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHINGLES, VERA
1817 20TH AVE., S
SAINT PETERSBURG, FL 33712 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: MACK, JOHNNIE B.
Address: 1837 - 20TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP ( ) Delete
Name: SHINGLES, VERA
Address: 1817 20TH AVE., S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: T ( ) Delete
Name: LOCKHART, ETHEL
Address: 1815 19TH AVE., S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete
Name: FALANA, CLINTON C.
Address: 1675 22ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, 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:

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: JOHNNIE B MACK PD 06/24/2009

Electronic Signature of Signing Officer or Director — Date