2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N00000007587

Entity Name: CAPITAL HILLS NEIGHBORHOOD ASSOCIATION, INC., OF TALLAHASSEE

Current Principal Place of Business:

C/O MARY ANNE HELTON
1204 HAWTHORNE ST
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

C/O MARY ANNE HELTON
1204 HAWTHORNE ST
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELTON, MARY ANNE
C/O MARY ANNE HELTON
1204 HAWTHORNE 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 ( ) Delete
Name: HACKLEY, COLIN
Address: 936 SPOTTSWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: 1STV ( ) Delete
Name: CROTTY, CHRISTINA
Address: 1503 SAULS ST.
City-St-Zip: TALLAHASSEE, FL 32308

Title: 2NDV ( ) Delete
Name: HELTON, JOSEPH M JR.
Address: 1204 HAWTHORNE ST.
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: SULLIVAN-HACKLEY, LAURA
Address: 936 SPOTTSWOOD DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: HENSHAW, VICTOR
Address: 941 SPOTTSWOOD DR
City-St-Zip: TALLAHASSEE, FL 32308

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: JOSEPH M. HELTON, JR. 2NDV 04/30/2004

Electronic Signature of Signing Officer or Director — Date