

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90188 009 ****70.00

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1. Entity Name
**UNION ACADEMY NEIGHBORHOOD DEVELOPMENT
CORPORATION**



Principal Place of Business
**401 M.L. KING, JR. DRIVE
TARPON SPRINGS, FL 34689**

Mailing Address
**P.O. BOX 494
TARPON SPRINGS, FL 34688-0494**

50017068



2. Principal Place of Business
722 S. Disston Avenue
Suite, Apt. #, etc.

3. Mailing Address
P. O. BOX 614
Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State
Tarpon Springs, Fl

City & State
Tarpon Springs, Fl

4. FEI Number
47-0880834

Applied For
Not Applicable

Zip
34689

Country
Pinellas

Zip
34688-0494

Country
Pinellas

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLE, ED SR.
430 HIBISCUS ST, APT 2-D
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name
Annie D. Dabbs
Street Address (P.O. Box Number is Not Acceptable)
803 S. Disston Avenue
City
Tarpon Springs, FL Zip Code
34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Annie D. Dabbs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, ED	
STREET ADDRESS	40247 US HWY 19N #107	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	DABBS, ANNIE	
STREET ADDRESS	803 S. DISSTON AVE	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, ED	
STREET ADDRESS	444 S. HUEY AVE	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUARTERMAN, ALFRED	
STREET ADDRESS	7704 GREYBIRCH TERRACE	
CITY - ST - ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRIMEX, AUDREY	
STREET ADDRESS	517 E BOYER ST	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILES, MAGGIE	
STREET ADDRESS	518 S DISSTON AVE	
CITY - ST - ZIP	TARPON SPRINGS, FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dabbs, Annie D.	
STREET ADDRESS	803 S. Disston Ave	
CITY - ST - ZIP	Tarpon Springs, Fl 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Lucretia	
STREET ADDRESS	533 S. Safford Avenue	
CITY - ST - ZIP	Tarpon Springs, Fl 34689	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merriex, Audrey	
STREET ADDRESS	517 E. Boyer Street	
CITY - ST - ZIP	Tarpon Springs, Fl 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merriex, Randy	
STREET ADDRESS	208 E. MLK Drive	
CITY - ST - ZIP	Tarpon Springs, Fl 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montgomery, Isaiah	
STREET ADDRESS	635 Lincoln Avenue	
CITY - ST - ZIP	Tarpon Springs, Fl 34689	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Annie D. Dabbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-937-5408-H
727-725-7965-H**