

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007411

FILED
Jun 25, 2009
Secretary of State

Entity Name: UNION ACADEMY NEIGHBORHOOD DEVELOPMENT CORPORATION

Current Principal Place of Business:

722 SOUTH DISSTON AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

722 SOUTH DISSTON AVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

803 S. DISSTON AVE
TARPON SPRINGS, FL 346880494

New Mailing Address:

FEI Number: 47-0880834 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

DABBS, ANNIE D
803 SOUTH DISSTON AVE
TARPON SPRINGS, FL 34689 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLE, ED
Address: 40247 US HWY 19N #107
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: P () Delete
Name: DABBS, ANNIE D
Address: 803 S. DISSTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D () Delete
Name: LEWIS, LUCRETIA
Address: 533 SOUTH SAFFORD AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: VT () Delete
Name: MERRIEZ, AUDREY
Address: 517 EAST BOYER ST
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D () Delete
Name: MERRIEX, RANDY
Address: 522 E. DR. MLK JR. DR
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D (X) Delete
Name: MONTGOMERY, ISIAH
Address: 635 LINCOLN AVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: ANNIE D. DABBS

P

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date