

# 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:**

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

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

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

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

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

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

**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:

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