


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90026 007 ****70.00

DOCUMENT # N03000010679					
1. Entity Name ELBERTA EMPIRE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 5321 TALLAHASSEE, FL 32314			Mailing Address P.O. BOX 5321 TALLAHASSEE, FL 32314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLS, TOMMY 1409 ELBERTA DRIVE TALLAHASSEE, FL 32304				Name <i>Gwen Kelly</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>1416 Hernando Drive</i>	
				City <i>Tallahassee</i>	
				City	FL
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 <i>Gwen Kelly, President</i>		SIGNATURE <i>Gwen Kelly, President</i>		DATE <i>1/28/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, TOMMY		NAME	<i>Gwen Kelly</i>	
STREET ADDRESS	1409 ELBERTA DRIVE		STREET ADDRESS	<i>1416 Hernando Drive</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	<i>Tallahassee, FL 32304</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GWEN		NAME	<i>Tommy Mills</i>	
STREET ADDRESS	1416 HERNANDO DRIVE		STREET ADDRESS	<i>1409 Elberta Drive</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	<i>Tallahassee, FL 32304</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JERRY D		NAME		
STREET ADDRESS	1304 ELBERTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, DORTHY		NAME		
STREET ADDRESS	1312 ELBERTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Gwen Kelly</i>		DATE: <i>1/28/05</i>		DAYTIME PHONE #: <i>850-576-1149</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					