


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000010679	
<b>1. Entity Name</b> ELBERTA EMPIRE NEIGHBORHOOD ASSOCIATION, INC.	

<b>Principal Place of Business</b> P.O. BOX 5321 TALLAHASSEE, FL 32314	<b>Mailing Address</b> P.O. BOX 5321 TALLAHASSEE, FL 32314
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01032006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 36-4550787	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KELLY, GWEN  
1416 HERNANDO DRIVE  
TALLAHASSEE, FL 32304

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**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** Ms. Gwen Kelly / Gwen Kelly, President 1/12/2006  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	P KELLY, GWEN 1416 HERNANDO DRIVE TALLAHASSEE, FL 32304
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	VP MILLS, TOMMY 1409 ELBERTA DRIVE TALLAHASSEE, FL 32304
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	T GILMORE, JERRY D 1304 ELBERTA DRIVE TALLAHASSEE, FL 32304
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	D MORRISON, DORTHY 1312 ELBERTA DRIVE TALLAHASSEE, FL 32304
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	

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1100000386405  
01/18/06-80058-012 70.00

**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:** Gwen Kelly / Gwen Kelly, President 1/12/2006 (850) 576-1149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #