


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90089 039 \*\*\*\*70.00

<b>DOCUMENT # N03000010679</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-4550787</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETTIGREW, MATTIE 1621 ELBERTA DRIVE TALLAHASSEE, FL 32304			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, GWEN		NAME		
STREET ADDRESS	1416 HERNANDO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETTIGREW, MATTIE		NAME		
STREET ADDRESS	1621 ELBERTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACCASKILL, CHERYL		NAME		
STREET ADDRESS	1500 MIKE STREET		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 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: <i>Mattie Pettigrew, President</i>			Date: <i>4-18-08</i> (850) 410-3349		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		