

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010679

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ELBERTA EMPIRE NEIGHBORHOOD ASSOCIATION, INC.

## Current Principal Place of Business:

P.O. BOX 5321  
TALLAHASSEE, FL 32314

## New Principal Place of Business:

1416 HERNANDO DRIVE  
TALLAHASSEE, FL 32304

## Current Mailing Address:

P.O. BOX 5321  
TALLAHASSEE, FL 32314

## New Mailing Address:

P.O. BOX 20477  
TALLAHASSEE, FL 32316

FEI Number: 36-4550787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETTIGREW, MATTIE  
1621 ELBERTA DRIVE  
TALLAHASSEE, FL 32304 US

## Name and Address of New Registered Agent:

KELLY, GWENDOLYN D  
1416 HERNANDO DRIVE  
TALLAHASSEE, FL 32304 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: GWENDOLYN D. KELLY

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: KELLY, GWEN  
Address: 1416 HERNANDO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: P (X) Delete  
Name: PETTIGREW, MATTIE  
Address: 1621 ELBERTA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete  
Name: GILMORE, JERRY D  
Address: 1304 ELBERTA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: MORRISON, DORTHY  
Address: 1312 ELBERTA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: S (X) Delete  
Name: MACCASKILL, CHERYL  
Address: 1500 MIKE STREET  
City-St-Zip: TALLAHASSEE, FL 32304

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KELLY, GWENDOLYN D  
Address: 1416 HERNANDO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

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: GWENDOLYN D. KELLY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date