

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010688

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** PINE HILLS SAFE NEIGHBORHOOD PARTNERSHIP, INC.

**Current Principal Place of Business:**

6416 JENNINGS DR  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 681862  
ORLANDO, FL 32868 US

**New Mailing Address:**

**FEI Number:** 13-4315794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DWYER, CHRISTINE J  
4801 MALARKEY STREET  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

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: CH ( ) Delete  
Name: PARRISH, GWENDOLYN  
Address: 1313 N MONITOR AV  
City-St-Zip: ORLANDO, FL 32818 US

Title: S ( ) Delete  
Name: MITCHELL, VERA  
Address: 2306 CONTINENTAL BLVD  
City-St-Zip: ORLANDO, FL 32808

Title: VC ( ) Delete  
Name: JOHNSON, WALTER  
Address: 7636 SILVER CROWN CT  
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete  
Name: DWYER, CHRISTINE  
Address: 4801 MALARKEY ST  
City-St-Zip: ORLANDO, FL 32808

Title: AUD ( ) Delete  
Name: HARGROVE, ANTHONY  
Address: 4531 DUTTON DR.  
City-St-Zip: ORLANDO, FL 32808

**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:

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: CHRISTINE J DWYER

T

03/07/2009

Electronic Signature of Signing Officer or Director

Date