2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011605

335 N.E. 34TH ST

FULLER, MARILYN C

631 N.E. 43RD STREET

OAKLAND PARK, FL 33334

OAKLAND PARK, FL 33334

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Entity Name: HARLEM MCBRIDE AND N.E. 43RD STREET NEIGHBORHOOD ASSOCIATION OF OAKLAND PARK, **Current Principal Place of Business: New Principal Place of Business:** 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334 **Current Mailing Address: New Mailing Address:** 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334 FEI Number: 43-2071988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDWARDS, SAUNDRA 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDWARDS, SAUNDRA Name: Name: 411 NORTHEAST 33RD STREET Address: Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: Title: () Delete () Change () Addition MCGAULEY, ANNIE Name: Name: Address: 3441 N.E. 5TH AVENUE Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: VPD () Delete Title: () Change () Addition COOPER, JEREMIAH Name: Name: Address: 760 N.E. 43RD STREET Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: () Delete Title: () Change () Addition Name: POOLE, AUDREY Name: Address: 212 N.E. 35TH CT Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, OCTAVIA Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: SAUNDRA EDWARDS P 05/01/2009

() Change () Addition