

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002216

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** PEOPLES FIRST COMMERCIAL CENTER PROPERTY OWNERS=ASSOCIATION, INC.

**Current Principal Place of Business:**

2510 14TH STREET  
ATTN TAX DEPT, 5TH FLOOR  
GULFPORT, MS 39501

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4019  
ATT TAX DEPARTMENT  
GULFPORT, MS 39502

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33321    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:            DP  
Name:           CHANEY, CARL J  
Address:        2510 14TH STREET  
City-St-Zip:    GULFPORT, MS 39501

Title:            DVP  
Name:           HAIRSTON, JOHN M  
Address:        2510 14TH STREET  
City-St-Zip:    GULFPORT, MS 39501

I hereby 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 all other like empowered.

SIGNATURE: CARL J. CHANEY

DP

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date