

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010276

FILED
Jan 15, 2009
Secretary of State

Entity Name: ANNA FORBES LIDDELL PROJECT, INC.

Current Principal Place of Business:

5033 BRILL PT RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

5033 BRILL PT RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 02-0787343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBARD, CAROLYN
5033 BRILL PT RD
TALLAHASSEE, FL 32312 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 () Delete
Name: DUBARD, CAROLYN
Address: 5033 BRILL PT RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: BENDA, NANCY
Address: 2430 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: CONTE, JO
Address: 2001 E INDIANHEAD DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BRYANT, JEAN
Address: 2545 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: CURRY, EVA
Address: 1904 CHULI NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ETEMADI, JUDY
Address: 5019 MCLAUGHLIN DR
City-St-Zip: TALLAHASSEE, FL 32309

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:

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: JO CONTE

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date