

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001181

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** CALLAHAN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1027 W POLK ST  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551110  
ORLANDO, FL 328551110

**New Mailing Address:**

**FEI Number:** 68-0172274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ANNIE P  
1027 W POLK STREET  
ORLANDO, FL 32805 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: BROWN, ANNIE P  
Address: 1027 WEST POLK STREET  
City-St-Zip: ORLANDO, FL 32805

Title: DV ( ) Delete  
Name: WILLIAMS, JEROME T  
Address: 1020 WEST POLK STREET  
City-St-Zip: ORLANDO, FL 32805

Title: DS ( ) Delete  
Name: OWENS, JOSIE B  
Address: 110 NORTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805

Title: DT ( ) Delete  
Name: NICHOLSON, LYNN  
Address: 36 NORTH TERRY AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: PETERSON, DOROTHY  
Address: 722 W BENTLEY  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: BRYANT, ALMA  
Address: 114 NORTH WESTMORELAND DRIVE  
City-St-Zip: ORLANDO, FL 32805

**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: ANNIE PATRICIA BROWN

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date