

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009889

FILED
Jul 29, 2008
Secretary of State

Entity Name: SHOPPES OF OLD EAST HILL MERCHANTS, INC

Current Principal Place of Business:

823 E JACKSON STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

823 E JACKSON STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 61-1538916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ROGERS, TRUDY M
823 E JACKSON STREET
PENSACOLA, FL 32501 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: HARRELL, MARIA
Address: 823 E JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VCH () Delete
Name: ELLIS, BETTY
Address: 823 E JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SEC () Delete
Name: CORDON-ALEXANDER, ELODIE
Address: 823 E JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TRE () Delete
Name: ROGERS, TRUDY
Address: 823 E JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

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:

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: TRUDY ROGERS

_____ Electronic Signature of Signing Officer or Director

TRE

07/29/2008

_____ Date