

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009889

FILED  
Apr 30, 2009  
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 ( )

**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: PRES (X) Change ( ) Addition  
Name: HARRELL, MARIA  
Address: 823 E JACKSON STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: VP (X) Change ( ) Addition  
Name: ELLIS, BETTY  
Address: 819 E JACKSON STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: SEC (X) Change ( ) Addition  
Name: CORDON-ALEXANDER, ELODIE  
Address: 824 E LARUA STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: TRE (X) Change ( ) Addition  
Name: WEISS, MICHAEL  
Address: 824 E BELMONT STREET  
City-St-Zip: PENSACOLA, FL 32501

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: MARIA HARRELL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date