

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001135

FILED
Feb 04, 2009
Secretary of State

Entity Name: MARSHALL HEIGHTS RESIDENT COUNCIL, INC.

Current Principal Place of Business:

2800 IIEX CT.
SOUTH BAY, FL 33493

New Principal Place of Business:

Current Mailing Address:

2800 IIEX CT.
SOUTH BAY, FL 33493

New Mailing Address:

FEI Number: 30-0525124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, VIVIAN
1901 IIEX ST.
SOUTH BAY, FL 33493 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: WADE, VIVIAN
Address: 1901 IIEX CT.
City-St-Zip: SOUTH BAY, FL 33493

Title: DV () Delete
Name: FERBY, DOROTHY
Address: 2601 IIEX CT.
City-St-Zip: SOUTH BAY, FL 33493

Title: DS () Delete
Name: BROWN, ETHEL
Address: 1902 IIEX CT.
City-St-Zip: SOUTH BAY, FL 33493

Title: DT () Delete
Name: WEAVER, PEARLEANE
Address: 1503 HIBISCUS ST.
City-St-Zip: SOUTH BAY, FL 33493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BROWN, ETHEL L
Address: 1902 IIEX CT.
City-St-Zip: SOUTH BAY, FL 33493

Title: DT (X) Change () Addition
Name: COLLINS, TEQUELLA
Address: 101 OAK CT.
City-St-Zip: SOUTH BAY, FL 33493

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: ETHEL L. BROWN

DS

02/04/2009

Electronic Signature of Signing Officer or Director

Date