2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N08000006174

Entity Name: THE ADVISORY COMMITTEE FOR URBAN REVITALIZATION EQUITY, INC.

Current Principal Place of Business:

6306 LAKE DR
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6306 LAKE DR
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

HINES, MYRON
6306 LAKE DR
PANAMA CITY, FL 32404 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: C ( ) Delete
Name: SHEFFIELD, SHARON
Address: 1508 WISCONSIN AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: MARSHALL, CHARLOTTE
Address: 1303 MARYLAND AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete
Name: HINES, MYRON
Address: 6306 LAKE DR
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: HINES, MYRON
Address: 6306 LAKE DRIVE
City-St-Zip: PANAMA CITY, FL 32404

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

Title: T (X) Change ( ) Addition
Name: MINCEY, VALERIE
Address: 1122 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

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: MYRON HINES CHR. 06/22/2009
Electronic Signature of Signing Officer or Director Date