## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007679

FILED Apr 10, 2009 Secretary of State

Entity Name: EAST BRADENTON IMPROVEMENT ASSOCIATION, INC

Current P	rincipal Place of Business:	New Principal Place of Business:
	H STEET EAST FON, FL 34208	
Current M	lailing Address:	New Mailing Address:
	H STEET EAST FON, FL 34208	
El Number	: 65-0455281 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
309 14TF	, CLOVIA HSTEET EAST FON, FL 34208 US	
The above n the State	e named entity submits this statement fo e of Florida.	or the purpose of changing its registered office or registered agent, or bot
n the State	e of Florida. RE:	
the State	e of Florida.	
n the State	e of Florida. RE:	
n the State  SIGNATUI  DFFICER  ittle: lame: .ddress:	e of Florida.  RE:  Electronic Signature of Register	red Agent Date
n the State  SIGNATUI  DFFICER  itle: lame: .ddress: itty-St-Zip:  ittle: lame: .ddress:	e of Florida.  RE: Electronic Signature of Registers  S AND DIRECTORS:  P () Delete RUSSELL, CLOVIA 1309 14TH STEET EAST	red Agent  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition  Name:  Address:
n the State	e of Florida.  RE:  Electronic Signature of Registers  S AND DIRECTORS:  P () Delete RUSSELL, CLOVIA 1309 14TH STEET EAST BRADENTON, FL 34208  T () Delete BYRD, RUBY 1416 13TH AVE EAST	Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

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: CLOVIA RUSSELL P 04/10/2009