

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009314

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FRIENDS OF HISTORIC CANAL STREET, INC.

**Current Principal Place of Business:**

421 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

421 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 80-0288985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIOT, FLARE  
421 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

KOPP, ELIZABETH  
2091 MARSH HAURBOUR DRIVE  
NEW SMYRNA BEACH, FL 32168 US

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: ELIZABETH KOPP

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELLIOT, FLARE  
Address: 421 CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: KOPP, BETTY  
Address: 2091 MARSH HARBOUR DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: PENDERGAST, GERARD  
Address: 5900 SO. ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: BERGMAN, JANET  
Address: 421 CANAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: KOPP, ELIZAETH  
Address: 2091 MARSH HARBOUR DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ELIZABETH KOPP

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date