

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006177

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FORT BRADEN COMMUNITY GARDEN, INC.

**Current Principal Place of Business:**

18804 STAR HILL LANE  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

1899 COLLINS LANDING ROAD  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

18804 STAR HILL LANE  
TALLAHASSEE, FL 32310

**New Mailing Address:**

1899 COLLINS LANDING ROAD  
TALLAHASSEE, FL 32310

**FEI Number:** 27-2908523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HIERHOLZER, MELANIE  
18804 STAR HILL LANE  
TALLAHASSEE, FL 32310 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: D  
Name: HEIRHOLZER, CHRIS  
Address: 18804 STAR HILL LANE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  
Name: HEIRHOLZER, MELANIE  
Address: 18804 STAR HILL LANE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  
Name: NICHOLSEN, LINDA  
Address: 1899 COLLINS LANDING RD.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D  
Name: PIOTROWSKI, JANIS  
Address: 1929 COLLINS LANDING RD.  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby 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 all other like empowered.

**SIGNATURE:** JANIS W PIOTROWSKI

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date