
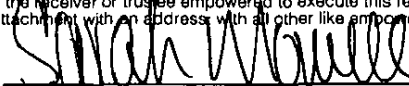


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90066 002 \*\*\*\*61.25

<b>DOCUMENT # N25709</b> 1. Entity Name <b>NATCHEZ STREET NEIGHBORHOOD ASSOCIATION, INC.</b>						
Principal Place of Business <b>P.O. BOX 4957 SEASIDE, FL 32459</b>			Mailing Address <b>P.O. BOX 4957 SEASIDE, FL 32459</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number <b>59-2938064</b>		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>NEWMAN, RAYMOND F 348 MIRACLE STRIP PARKWAY SW PARADISE VILLAGE, SUITE 7 FORT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.			DATE			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>REINHARD, SARAH</b> <b>P.O. BOX 4687</b> <b>SANTA ROSA BEACH, FL 32459</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>Mowell, Sarah</b> <b>P.O. Box 4687</b> <b>Santa Rosa Beach, FL 32459</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD <b>CURPHY, JOHN</b> <b>4307 CARRIAGE LANE</b> <b>DESTIN, FL 32541</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD <b>TOOLE, ED</b> <b>4313 LARCHMOUT</b> <b>DALLAS, TX 75205</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD <b>MEYER, WHITY</b> <b>401 CONWAY AIRE LANE</b> <b>SAINT LOUIS, MO 63141</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
<b>SIGNATURE:</b> 			<b>4-2-08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			
DAYTIME PHONE #			<b>850-231-1551</b>			