

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25709

FILED
Apr 24, 2009
Secretary of State

Entity Name: NATCHEZ STREET NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4957
SEASIDE, FL 32459

New Principal Place of Business:

25 CENTRAL SQUARE
H-2
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P.O. BOX 4957
SEASIDE, FL 32459

New Mailing Address:

P.O. BOX 4957
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-2938064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F
348 MIRACLE STRIP PARKWAY SW
PARADISE VILLAGE, SUITE 7
FORT WALTON BEACH, FL 32548 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: PD () Delete
Name: MOWELL, SARAH
Address: PO BOX 4687
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Delete
Name: CURPHY, JOHN
Address: 4307 CARRIAGE LANE
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: TOOLE, ED
Address: 4313 LARCHMOUT
City-St-Zip: DALLAS, TX 75205

Title: VD () Delete
Name: MEYER, WHITY
Address: 401 CONWAY AIRE LANE
City-St-Zip: SAINT LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOOLE, ED
Address: 4313 LARCHMONT
City-St-Zip: DALLAS, TX 75205 US

Title: VPD (X) Change () Addition
Name: DELOR, KEN
Address: 902 FLAT ROCK ROAD
City-St-Zip: LOUISVILLE, KY 40245 US

Title: TD (X) Change () Addition
Name: DELOR, DEBBIE
Address: 902 FLAT ROCK ROAD
City-St-Zip: LOUISVILLE, KY 40245 US

Title: SD (X) Change () Addition
Name: PALEFSKY, VICKI
Address: 3320 HABERSHAM ROAD NW
City-St-Zip: ATLANTA, GA 30305 US

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: ED TOOLE

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date