

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30420

FILED
Jul 10, 2008
Secretary of State

Entity Name: "OLD TOWN" NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

M MOORE
BOX 12517
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

BOX 12517
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2929807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAMER, SAMARA
513 MARTIN STREET
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOORE, M
BOX 12517
TALLAHASSEE, FL 32317 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: M MOORE

07/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MOORE, MARK
Address: BOX 12517
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: VP () Delete
Name: RAY, SUSAN
Address: 1217 LUCY STREET
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S () Delete
Name: RAY, SUSAN
Address: 1217 LUCY STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: TR () Delete
Name: MOORE, MARK
Address: BOX 12517
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: M MOORE

PRES

07/10/2008

Electronic Signature of Signing Officer or Director

Date