2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N30420

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:

M MOORE
BOX 12517
TALLAHASSEE, FL 32317 US

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:

MOORE, M
BOX 12517
TALLAHASSEE, FL 32317 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:	PRES	( ) Delete
Name:	MOORE, MARK	
Address:	BOX 12517	
City-St-Zip:	TALLAHASSEE, FL 32317 US	
Title:	VP	(X) Delete
Name:	RAY, SUSAN	
Address:	1217 LUCY STREET	
City-St-Zip:	TALLAHASSEE, FL 32308 US	
Title:	S	(X) Delete
Name:	RAY, SUSAN	
Address:	1217 LUCY STREET	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TR	(X) 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 05/01/2009

Electronic Signature of Signing Officer or Director — Date