

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34827

FILED
Apr 30, 2008
Secretary of State

Entity Name: COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHASSEE-LEON COUNTY, INC.

Current Principal Place of Business:

911 SAN LUIS ROAD
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1462
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2123181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, KENT
911 SAN LUIS ROAD
TALLAHASSEE, FL 32304 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: VD () Delete
Name: SPELLMAN, HELLA
Address: 3112 ORTEGA DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: DAVIS, JACK
Address: 425 HILLCREST STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: HUTCHINSON, KENT B
Address: 911 SAN LUIS ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: PD () Delete
Name: AXELRAD, DON M
Address: 6457 FITZ LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOGGE, STEPHEN
Address: 410 EAST 9TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

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

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

Title: D (X) Change () Addition
Name: AXELRAD, DON M
Address: 6457 FITZ LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Change (X) Addition
Name: BELL, GERALD
Address: 4141 SUGAR BEAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Change (X) Addition
Name: SMITH, WILLIAM
Address: 5500 TOURAINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: KENT B. HUTCHINSON

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date