

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39965

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALDERMAN PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

C/O WAVERLY FANT TREAS
1261 ALDERMAN ROAD EAST
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

ALDERMAN PARK CIVIC ASSN.
P.O. BOX 8549
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 59-3049313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, HAROLD
1320 BELLEMEADE BLVD
JACKSONVILLE, FL 32211 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: VP () Delete
Name: CULLEN, REBECCA
Address: 1303 SUNNYMEADE DRIVE
City-St-Zip: JACKSONVILLE, FL 322116076

Title: D () Delete
Name: LOWE, MARCELLA
Address: 1405 CARLOTTA ROAD W
City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete
Name: FISHER, JOHN
Address: 1104 CARLOTTA RD. W.
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: FANT, WAVERLY
Address: 1261 ALDERMAN ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: FANT, DOROTHY
Address: 1261 ALDERMAN ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: DALY, BRENDA
Address: 1873 PARKCREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

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:

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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: WAVERLY FANT

TR.

01/06/2009

Electronic Signature of Signing Officer or Director

Date