

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46543

FILED
Feb 05, 2008
Secretary of State

Entity Name: NORTH EAST BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

2762 CAPITAL CIR NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12591
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3091799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, MARGARET
2762 CAPITAL CIR NE
TALLAHASSEE, FL 32308 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: D () Delete
Name: THOMPSON, MAUREEN
Address: 2978 GIVERNY CIR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: BURNS, NANCY
Address: P.O. BOX 727
City-St-Zip: TALLAHASSEE, FL 32302

Title: T () Delete
Name: TRAFTON, MARK
Address: 7769 MACLEAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: THOMAS, TED
Address: 1469 VIEUX CARRE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: BLANKENSHIP, RICHARD
Address: 1713 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

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

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:

Title: D (X) Change () Addition
Name: BLANKENSHIP, RICHARD
Address: 1713 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Change (X) Addition
Name: MOORE, BILL
Address: 601 N. MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

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: MARK TRAFTON

T

02/05/2008

Electronic Signature of Signing Officer or Director

Date