

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49963

FILED
Jul 17, 2008
Secretary of State

Entity Name: VICTORY GARDEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1118 ALBRITTON DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1118 ALBRITTON DR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

BEEMAN, KIMBERLY
1118 ALBRITTON DR
TALLAHASSEE, FL 32301 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: TD () Delete
Name: FARLEY, MAXWELL
Address: 1116 ALBRITTON DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: BEEMAN, MIKE
Address: 1118 ALBRITTON DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: BENEDICT, JOE
Address: 1112 ALBRITTON DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: CHILDS, HAMER
Address: 1117 ALBRITTON DR
City-St-Zip: TALLAHASSEE, FL 32301

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: MIKE BEEMAN

PD

07/17/2008

Electronic Signature of Signing Officer or Director

Date