

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004892

FILED
Jan 25, 2006
Secretary of State

Entity Name: CHAIRES CAPITOLA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

8851 BUCKHUNTER TRL.
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

8851 BUCKHUNTER TRL.
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3204068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'STEEN, J.C.
177 SALEM COURT
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: T () Delete
Name: WHITE, LOIS
Address: 228 TURNBRIDGE
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP () Delete
Name: WHITE, LOSSIE
Address: 9107 APALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: DAVIS, DEBRA
Address: 1035 ANTLER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: WHITE, UJ
Address: 9107 APALACHEE PKWY.
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD (X) Delete
Name: SPENCE, DOROTHY C
Address: 3982 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Delete
Name: SCHLUCK, GERALD
Address: 784 BENJAMIN CHAIRES RD.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, LOIS
Address: 2208TURNBRIDGE CT.
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP (X) Change () Addition
Name: SCHUCK, CAROLYN
Address: 784 BENJAMIN CHARIES RD.
City-St-Zip: TALLAHASSEE, FL 32317

Title: SEC (X) Change () Addition
Name: PALMER, MARCY
Address: 4773 CHARIES CROSSROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: TRES (X) Change () Addition
Name: SCHLUCK, GERALD
Address: 784 BENJAMIN CHAIRES ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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 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: LOIS J. WHITE

PRES

01/25/2006

Electronic Signature of Signing Officer or Director

Date