2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005975

FILED Mar 07, 2008 Secretary of State

Entity Name: GREATER ENGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4027 ATLANTIC BLVD 4029 ATLANTIC BLVD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 LIS US **Current Mailing Address: New Mailing Address:** PO BOX 5099 JACKSONVILLE, FL 32247 US FEI Number: 59-3417174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATRICK, MARK R PATRICK, MARK R 4027 ATLANTIC BLVD 4029 ATLANTIC BLVD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 US US 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: 03/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CHADWICK, ROBERT H HOLLER, JEANIE Name: Name: 5032 SHARON TERRACE Address: 4614 CLINTON AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: (X) Change () Addition MACMILLIN, MARLENE Name: MACMILLIN, MARLENE Name: Address: 5123 SHARON TERRACE Address: 5123 SHARON TERRACE City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: () Change () Addition PATRICK, MARK R Name: Name: 4029 ATLANTIC BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LEWIS, JEANELLE Name: 5018 BRANCH LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRIFFITH, LOWELL GRIFFITH, BILLIE Name: Name: 4928 MAXIE DRIVE 4928 MAXIE DRIVE Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: (X) Change () Addition KUTSCHER, VICKIE M KUTSCHER, VICKIE M

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.

Name:

Address:

City-St-Zip:

4560 HUDNALL RD

JACKSONVILLE, FL 32207

SIGNATURE: MARK R. PATRICK Т 03/07/2008

Name:

Address:

City-St-Zip:

4560 HUDNALL RD

JACKSONVILLE, FL 32207