

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005975

FILED
Feb 17, 2009
Secretary of State

Entity Name: GREATER ENGLEWOOD NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4029 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5099
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-3417174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICK, MARK R
4029 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: P () Delete
Name: HOLLER, JEANIE
Address: 4614 CLINTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MACMILLIN, MARLENE
Address: 5123 SHARON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: PATRICK, MARK R
Address: 4029 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LEWIS, JEANELLE
Address: 5018 BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: GRIFFITH, BILLIE
Address: 4928 MAXIE DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: KUTSCHER, VICKIE M
Address: 4560 HUDNALL RD
City-St-Zip: JACKSONVILLE, FL 32207

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
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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: MARK R. PATRICK

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date