

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002378

FILED
Sep 02, 2008
Secretary of State

Entity Name: MYRTLE AVENUE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1440-1 N MYRTLE AVE
JACKSONVILLE, FL 322097738 US

New Principal Place of Business:

Current Mailing Address:

1440-1 N MYRTLE AVE
JACKSONVILLE, FL 322097738 US

New Mailing Address:

FEI Number: 59-3257803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MILLER, CELIA ANN
1440 N. MYRTLE AVENUE
JACKSONVILLE, FL 32209 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: WILLIAMS, CAROLYN
Address: 1576 W. 13 ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: CMD () Delete
Name: MILLER, CELIA A
Address: 1440 NORTH MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 322097738

Title: D () Delete
Name: TIPPINS, LOUVENIA
Address: 1203 W 12TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: BROWN, EUGENIA
Address: 1465 STEELE ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: WASHINGTON, GEORGE III
Address: 2124 FAIRFAX ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: SBM () Delete
Name: PARTLOW, LEVOYUS
Address: 1508 N. MYRTLE AVE
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEST, WILLIAM
Address: 1346 GROTHE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NELSON, OSCAR
Address: 1140 GROTHE STRET
City-St-Zip: JACKSONVILLE, FL 32209

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: CLIA ANN MILLER

CMD

09/02/2008

Electronic Signature of Signing Officer or Director

Date