

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002378

FILED  
Sep 17, 2010  
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 ( )**

**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  
Name: BEST, WILLIAM  
Address: 1346 GROTHE STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: D  
Name: JOSEY, VERONICA  
Address: 1508 N. MYRTLE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: JOHNSON, GLORIOUS  
Address: 1657 WEST SEVENTH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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

I hereby 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 all other like empowered.

SIGNATURE: CELIA A. MILLER

CMD

09/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date