



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004153	
1. Entity Name KEMET NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 8440 LULA LANE TALLAHASSEE, FL 32308	Mailing Address 8440 LULA LANE TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE

FILED.
04 APR 28 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3511216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILL, WILLIAM O 8440 LULA LANE TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, WILLIAM O 8440 LULA LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, AREATHA 819 ARKANSAS STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, JEROME D 819 ARKANSAS STREET TALLAHASSEE, FL 32304
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William O. Hill 4-28-04 414-4721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #