2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005
Secretary of State

DOCUMENT# N97000001725

Entity Name: THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2532 LOFBERG DRIVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

PO BOX 551108
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3459964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MACLEAN, MARK B
2619 PARENTAL HOME ROAD #4
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

MACLEAN, MARK B
3835 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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: MARK B MACLEAN 08/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ELLIS, HERB
Address: 1965 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: MACLEAN, MARK B
Address: 2619 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete
Name: HARROLD, VICTOR
Address: 8325 BASCOM ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: ANDERSON, JAMES E
Address: 8262 HOGAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: SAFFY, RALPH
Address: 2532 LOFBERG DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRIFFIS, SUSAN
Address: 2358 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: TD (X) Change ( ) Addition
Name: HARROLD, MARY LOU
Address: 8325 BASCOM ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP (X) Change ( ) Addition
Name: JOHNSON, GERI
Address: 2042 MILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 B. MACLEAN D 08/25/2005
Electronic Signature of Signing Officer or Director Date