

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001725

FILED
Aug 08, 2008
Secretary of State

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:

2358 MILLS ROAD
JACKSONVILLE, FL 32216

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:

Name and Address of New Registered Agent:

MACLEAN, MARK B
2033 FLEHSEY 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: MACLEAN, MARK B
Address: 2033 FLEHSEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

Title: TD () Delete
Name: SMITH, FRANCIS
Address: 8300 HOGAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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
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: MARK B. MACLEAN

D

08/08/2008

Electronic Signature of Signing Officer or Director

Date