

DOCUMENT # N97000004098

1. Entity Name

MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1412 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301

1412 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301-4437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLMSTEAD, ROBERT
1412 SOUTH MERIDIAN ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME COSPER, CINDY
STREET ADDRESS 520 OAKLAND AVE
CITY-ST-ZIP TALLA FL 32301

TITLE D ☐ Change ☐ Addition
NAME White, Richard
STREET ADDRESS 1526 So. Gadsden St.
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☐ Delete
NAME OLMSTEAD, LAURA
STREET ADDRESS 1412 SOUTH MERIDIAN ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Change ☐ Addition
NAME Carter, Brinnen
STREET ADDRESS 1513 So. Gadsden St.
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☐ Delete
NAME ASKEVOLD, INGOLF
STREET ADDRESS 1614 SO. MERIDIAN ST.
CITY-ST-ZIP TALLA FL 32301

TITLE D ☐ Change ☐ Addition
NAME Carter, Jennifer
STREET ADDRESS 1513 So. Gadsden St.
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME Conner, V.J.
STREET ADDRESS 534 Oakland Ave.
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME Makielski, Stan
STREET ADDRESS 534 Oakland Ave.
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia B. COSPER

4/30/00

Date

921-9420

Daytime Phone #

CR2E037 (9/99)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90009 004 ****61.25



DO NOT WRITE IN THIS SPACE