


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N97000004098 |  |
| 1. Entity Name MYERS PARK NEIGHBORHOOD ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301 | Mailing Address 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301 |
|---|---|



04252004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3526880 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent OLMSTEAD, ROBERT 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004 *OK 197*

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | DT |
| NAME | COSPER, CINDY |
| STREET ADDRESS | 520 OAKLAND AVE |
| CITY-ST-ZIP | TALLA, FL 32301 |
| TITLE | D |
| NAME | OLMSTEAD, LAURA |
| STREET ADDRESS | 1412 SOUTH MERIDIAN ST |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | D |
| NAME | ASKEVOLD, INGOLF |
| STREET ADDRESS | 1614 SO. MERIDIAN ST. |
| CITY-ST-ZIP | TALLA, FL 32301 |
| TITLE | D |
| NAME | WHITE, RICHARD |
| STREET ADDRESS | 1526 S GADSDEN STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | D |
| NAME | CARTER, BRINNEN |
| STREET ADDRESS | 1513 S GADSDEN STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | D |
| NAME | CARTER, JENNIFER |
| STREET ADDRESS | 1513 S GADSDEN STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |

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04/29/04-80081-007 61.25

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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: *Robert A. O'Connell* **4-23-04** *850-224-8330*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #