


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

**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**



05022005 No Chg-NP      CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**OLMSTEAD, ROBERT  
1412 SOUTH MERIDIAN ST  
TALLAHASSEE, FL 32301**

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: *Robert A. Olmstead*      DATE: **5-01-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000367824  
05/23/05-80001-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Olmstead*      DATE: **5-01-05**      DAYTIME PHONE #: **850-224-8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ch#202*