


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000004098</b> 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
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03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3526880	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  OLMSTEAD, ROBERT 1412 SOUTH MERIDIAN ST TALLAHASSEE, FL 32301
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U000000664185  
03/22/07-80035-003 61.25

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 HITZ, GREG 1327 S. ERDIDIAN ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE, RICHARD 1526 S GADSDEN STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, BRINNEN 1620 GOLF TERRACE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JENNIFER 1620 GOLF TERRACE TALLAHASSEE, FL 32301

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cindy B. Cosper Cindy Cosper 3/9/2007 850 245-8513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Obt 210