

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004098

FILED
Apr 29, 2009
Secretary of State

Entity Name: MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1412 SOUTH MERIDIAN ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1412 SOUTH MERIDIAN ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3526880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: DT () Delete
Name: COSPER, CINDY
Address: 520 OAKLAND AVE
City-St-Zip: TALLA, FL 32301

Title: D () Delete
Name: OLMSTEAD, LAURA
Address: 1412 SOUTH MERIDIAN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HITZ, GREG
Address: 1327 S, MERIDIAN ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS () Delete
Name: WHITE, RICHARD
Address: 1526 S GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: CARTER, BRINNEN
Address: 1620 GOLF TERRACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: CARTER, JENNIFER
Address: 1620 GOLF TERRACE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: COSPER, CINDY B MRS.
Address: 520 OAKLAND AVE
City-St-Zip: TALLA, FL 32301

Title: D (X) Change () Addition
Name: OLMSTEAD, LAURA MRS.
Address: 1412 SOUTH MERIDIAN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: HITZ, GREG MR.
Address: 1327 S, MERIDIAN ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS (X) Change () Addition
Name: WHITE, RICHARD MR.
Address: 1526 S GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: CINDY B. COSPER, TREASURER

MRS.

04/29/2009

Electronic Signature of Signing Officer or Director

Date