

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002004

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** MITCHAM DRIVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-3577754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, CHARLETTE  
2627 MITCHAM DRIVE  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: MOORE, CHARLETTE  
Address: 2627 MITCHAM DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD ( ) Delete  
Name: LOVE, J.C.  
Address: 2627 MITCHAM DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: PALMER, RILEY  
Address: 1677 MAHAN CENTER BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLETTE MOORE

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date