2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N98000002701

Entity Name: FLORIANA PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

308 N. 20TH ST.
FT. PIERCE, FL 349503817

New Principal Place of Business:

Current Mailing Address:

308 N. 20TH ST.
FT. PIERCE, FL 349503817

New Mailing Address:

FEI Number: 65-0904445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, L.C.
308 N. 20TH ST.
FT. PIERCE, FL 349503817 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: MILLER, L.C.
Address: 308 N. 20TH ST.
City-St-Zip: FT. PIERCE, FL 349503817

Title: VD ( ) Delete
Name: ADKINS-COLLINS, CAROL
Address: 307 NORTH 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: RS ( ) Delete
Name: MILLER, ELIZA
Address: 308 N 28TH ST
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete
Name: GILLIAM, PAMELA
Address: 113 N. 18TH ST.
City-St-Zip: FT. PIERCE, FL 34950

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:

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: L C MILLER PD 01/24/2009
Electronic Signature of Signing Officer or Director — Date