

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 021 ****61.25

DOCUMENT # N99000002272

1. Entity Name

VOGUE XIII, INCORPORATED



Principal Place of Business

712 SOUTH 12TH STREET
PERRY FL 32347

Mailing Address

P.O. BOX 1221
PERRY FL 32348

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1979748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, SHIRLEY G
712 SOUTH 12TH STREET
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Shirley G Scott

Shirley G Scott

2-15-07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete
NAME GANT, LILLIAN
STREET ADDRESS 106 BLALOCK ST
CITY ST ZIP PERRY FL 32348

TITLE P ☐ Delete
NAME NESBITT, LINDA
STREET ADDRESS 132 NANCY ST
CITY ST ZIP PERRY FL 32347

TITLE RSD ☐ Delete
NAME ROBINSON, RHONDA C
STREET ADDRESS 707 SOUTH 12TH STREET
CITY ST ZIP PERRY FL 32347

TITLE FSD ☐ Delete
NAME GRAY, DEBRA
STREET ADDRESS 117 BEVERLY ST
CITY ST ZIP PERRY FL 32347

TITLE VD ☐ Delete
NAME DEMPS, LUEVA
STREET ADDRESS 213 W WALNUT ST
CITY ST ZIP PERRY FL 32348

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C D ☒ Change ☐ Addition
NAME Alyce Watkins
STREET ADDRESS 106 Blalock St.
CITY ST ZIP Perry, FL 32348

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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CITY ST ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rhonda C Robinson

2-15-07 850-584-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #