

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004098

Entity Name: MYERS PARK NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**1456 S. GADSDEN ST.
TALLAHASSEE, FL 32301**Current Mailing Address:**P. O. BOX 504
TALLAHASSEE, FL 32302 US**FEI Number: 59-3526880****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HATTAWAY, KEVIN PRES.
1412 SOUTH MERIDIAN ST
TALLAHASSEE, FL 32301 US*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: KEVIN HATTAWAY****04/01/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DT	Title	D
Name	COSPER, CINDY MRS.	Name	OLMSTEAD, LAURA MRS.
Address	520 OAKLAND AVE	Address	1412 SOUTH MERIDIAN ST
City-State-Zip:	TALLA FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	VP	Title	DS
Name	KIKER, JAKE MR.	Name	HEALD, DONNA MS
Address	222 OAKLAND AVE.	Address	1333 S. MERIDIAN
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	D	Title	D
Name	CLARK, JULIE DMS	Name	RYERSON, PAT
Address	1211 DREW ST.	Address	419 E. PERSHING ST.
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301
Title	COMMUNICATIONS		
Name	DAVIS, DIXIE		
Address	1303 BROOME ST.		
City-State-Zip:	TALLAHASSEE FL 32301		

I hereby 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 all other like empowered.

SIGNATURE: CINDY B. COSPER**TREASURER MPNA INC.****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date