

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005286

FILED
Apr 02, 2010
Secretary of State

Entity Name: NORTHEAST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

112 ESCALONA AVENUE
PENACOLA, FL 32503

New Principal Place of Business:

112 ESCALONA AVENUE
PENSACOLA, FL 32503

Current Mailing Address:

112 ESCALONA AVENUE
PENACOLA, FL 32503

New Mailing Address:

112 ESCALONA AVENUE
PENSACOLA, FL 32503

FEI Number: 20-0901720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, BETTY
112 ESCALONA AVENUE
PENACOLA, FL 32503 US

Name and Address of New Registered Agent:

ALLEN, BETTY
112 ESCALONA AVENUE
PENSACOLA, FL 32503 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:

04/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BREWER, SHELBY
Address: 3801 NORTH 12TH AVENUE
City-St-Zip: PENACOLA, FL 32503 31

Title: D
Name: RILEY, JOHN
Address: 114 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D
Name: ALLEN, BETTY
Address: 112 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D
Name: ALLEN, CAL
Address: 112 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D
Name: RILEY, BERNADETTE
Address: 114 ESCALONA AVE
City-St-Zip: PENACOLA, FL 32503

Title: D
Name: JERRALDS, VIOLA
Address: 101 ESCALONA AVE
City-St-Zip: PENSACOLA, FL 32503

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: BETTY ALLEN

D

04/02/2010

Electronic Signature of Signing Officer or Director

Date