

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003890

**Entity Name:** ALCANIZ STREET NOT-FOR-PROFIT REDEVELOPMENT CORPORATION

**Current Principal Place of Business:**

40 S. ALCANIZ ST.  
PENSACOLA, FL 32502

**Current Mailing Address:**

40 S. ALCANIZ ST.  
PENSACOLA, FL 32502

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SHEPPARD, JULIE L  
40 S. ALCANIZ ST.  
PENSACOLA, FL 32502 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ARMSTRONG, WILLIAM R  
Address 127 S. ALCANIZ ST.  
City-State-Zip: PENSACOLA FL 32502

Title VPT  
Name BOWERS, MICHELLE  
Address 40 S ALCANIZ ST  
City-State-Zip: PENSACOLA FL 32502

Title ASD  
Name BOWERS, MICHELLE  
Address 40 S ALCANIZ ST  
City-State-Zip: PENSACOLA FL 32502

Title VPSD  
Name MORRIS, CARA  
Address 730 BAYFRONT PARKWAY SUITE 4B  
City-State-Zip: PENSACOLA FL 32502

Title AT  
Name MORRIS, CARA  
Address 730 BAYFRONT PARKWAY SUITE 4B  
City-State-Zip: PENSACOLA FL 32502

*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: WILLIAM ARMSTRONG**

**DIRECTOR**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date