

2022 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 40 S. ALCANIZ STREET
City-State-Zip: PENSACOLA FL 32502Title VPT
Name BOWERS, MICHELLE
Address 40 S ALCANIZ ST
City-State-Zip: PENSACOLA FL 32502Title ASD
Name BOWERS, MICHELLE
Address 40 S ALCANIZ ST
City-State-Zip: PENSACOLA FL 32502Title VPSD
Name MORRIS, CARA
Address 730 BAYFRONT PARKWAY SUITE 4B
City-State-Zip: PENSACOLA FL 32502Title 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**PRESIDENT****03/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date