


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 731389	
1. Entity Name COMMUNITY ENTERPRISE INVESTMENTS, INC.	

Principal Place of Business 302 N. BARCELONA ST. PENSACOLA, FL 32501	Mailing Address 302 N. BARCELONA ST. PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1586520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HORVATH, DANIEL R
302 N BARCELONA ST
PENSACOLA, FL 32501**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000930854 05/21/08-80124-024 70.00
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10. OFFICERS AND DIRECTORS

TITLE VC	NAME LEWIS, DEANA
STREET ADDRESS 220 W. GARDEN STREET	CITY-ST-ZIP PENSACOLA, FL 32502
TITLE P	NAME HORVATH, DANIEL R
STREET ADDRESS 302 N. BARCELONA STREET	CITY-ST-ZIP PENSACOLA, FL 32502
TITLE S	NAME FRAZER, GAEL
STREET ADDRESS 1000 COLLEGE BLVD	CITY-ST-ZIP PENSACOLA, FL 32504
TITLE C	NAME TOWNSEND, RONALD
STREET ADDRESS 1400 NORTH	CITY-ST-ZIP PENSACOLA, FL 32501
TITLE T	NAME BYRD, WILLIAM
STREET ADDRESS 2550 NOR TH 15TH AVE	CITY-ST-ZIP PENSACOLA, FL 32501
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 *Daniel R. Horvath, Registered Agent* **4/22/08** **800/595-6224 x205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #