

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006877

1. Entity Name
**THE ALLEN COMMUNITY DEVELOPMENT AND SERVICE
CENTER, INCORPORATED**



Principal Place of Business
**500 N GUILLEMARD ST
PENSACOLA, FL 32501**

Mailing Address
**500 N GUILLEMARD ST
PENSACOLA, FL 32501**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEATHERSPOON, EDWARD
6231 AUDUBON DR
PENSACOLA, FL 32504**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TAYLOR, CARLTON L REV
STREET ADDRESS	10378 MC ARTHUR LN
CITY-ST-ZIP	PENSACOLA, FL 32534

TITLE	TD
NAME	WEATHERSPOON, EDWARD
STREET ADDRESS	6231 AUDUBON DR
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	SD
NAME	BROWN, CARRIE L
STREET ADDRESS	708 BAKER ST
CITY-ST-ZIP	PENSACOLA, FL 32505

TITLE	FD
NAME	GLOVER, JANIE
STREET ADDRESS	P.O. BOX 13004
CITY-ST-ZIP	PENSACOLA, FL 39591

TITLE	TD
NAME	JENKINS, BERNARD
STREET ADDRESS	7140 MOORE AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Edward Weatherspoon* **Edward Weatherspoon** 1-10-07 (850) 478-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #