


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90036 040 ****61.25

DOCUMENT # N01000007412 1. Entity Name EASTSIDE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 1218 N 7TH AVENUE PENSACOLA, FL 32503			Mailing Address 1218 N 7TH AVENUE PENSACOLA, FL 32503		
2. Principal Place of Business 1008 N. 6th Avenue Suite, Apt. #, etc. N/A			3. Mailing Address 1008 N. 6th Avenue Suite, Apt. #, etc. N/A		
City & State Pensacola Florida			City & State Pensacola Florida		
Zip 32501		Country U.S.		4. FEI Number 59-3614158	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REAVES, CATHERINE 1218 N 7 AVENUE PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Tracy Richardson Street Address (P.O. Box Number is Not Acceptable) 1008 N. 6th Avenue Pensacola FL 32501 City Pensacola FL Zip Code 32501		
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 Tracy Richardson <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 9/6/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REAVES, CATHERINE 1218 N 7 AVENUE PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP Richardson, Tracy 1008 N. 6th Avenue Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HENDERSON, CARRIE 700 E STRONG ST PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Reaves, Catherine 1218 N. 7th Avenue Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TRIPP, CLYDE 701 N 7 AVENUE PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP Richardson, Tracy 1008 N. 6th Avenue Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAYES, DORIS 601 E FISHER ST PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Rhoden, Jeannie 601 W. Moreno St. Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tracy Richardson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9/6/05 Daytime Phone # (850)432-1141		

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