


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

<b>DOCUMENT # N01000007412</b>			
<b>1. Entity Name</b> EASTSIDE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.			
<b>Principal Place of Business</b> 601 E MORENO ST PENSACOLA, FL 32503		<b>Mailing Address</b> 601 E MORENO ST PENSACOLA, FL 32503	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> <b>601 E. MORENO ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PENSACOLA, FL.</b>	
Zip	Country	Zip <b>32503</b>	Country <b>ESCAMBIA</b>
<b>6. Name and Address of Current Registered Agent</b>			
RHODEN, JEANNIE A 601 E MORENO ST PENSACOLA, FL 32503			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RHODEN, JEANNIE 601 E MORENO ST PENSACOLA, FL 32503	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>DV POWELL, CLINTON 2507 N MLK JR. DRIVE PENSACOLA, FL 32503</del>	<del><input checked="" type="checkbox"/> Delete</del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS CHARLES, BARBARA 1403 E HATTON ST PENSACOLA, FL 32503	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DRS RHODEN, JEANNIE 601 E MORENO ST PENSACOLA, FL 32503	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>DAS ELLIS, TONYA 521 E FISHER ST PENSACOLA, FL 32503</del>	<del><input checked="" type="checkbox"/> Delete</del>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
<b>11.</b>		<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 611, F.S., or on an attachment with an address, with all other like empowered.</b>	
<b>SIGNATURE:</b> <u>Jeannie A. Rhoden</u>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	