2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90134 012 ****70.00

DOCUMENT # N01000007412

1. Entity Name
EASTSIDE NEIGHBORHOOD IMPROVEMENT
ASSOCIATION, INC.



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Principal Plac	e of Business		Mailin	g Address			1 3 7	, -				
			DI É MORENO ST			· ·						
			ENSACOLA, FL 32503									
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Principal Place of Business - No P.O. Box # 3. Mai			lailing Address				EDILI ILLII DLIII EDII DL	HI BLAN BENN HE	1))	CUAL BEILDI		
SAME AS ABOVE			SAME_AS_ABOVE									
Suite, Apt. #, etc. Su			uite, Apt. #, etc.			04212008	Chg-NP	CBSEU	37 (12/06)			
								Clig-ivi	CITELO	77 (12700)		
City & State Ci			ity & State			4. FEI Numbe	er		IA	oplied For		
·				•			59-361			<u> </u>	ot Applicable	
Zip Country Zi			p Country									
210	2.5			, , ,			Certificate	of Status Desired		\$8.75 Add Fee Require		
			 			1 <u> </u>			· · · · · · · · · · · · · · · · · · ·			
6. Name and Address of Current Registered				d Agent			7. Name and	Address of New I	Registered	Agent		
					Ni	ame						
RHODEN, JEANNIE A					-	Characteristics (D.O. C. Allander & Mark Assessable)						
601 E MORENO ST					50	Street Address (P.O. Box Number is Not Acceptable)						
PENSACC	DLA, FL 325	503			-		•					
					Ci	tv				Zip Cod	le l	
					-	•,			FL	.		
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												
	tions of register			3 3	3	3						
•										•		
SIGNATURE.	Classics based on				· B				DATE			
	Signature, typed or	r printed name of registered agen	i and due ii app	Meable. (NOTE	:: nagistered Age	it signature require	ed when reinstating)		UATE			
			Ĭ	B. Flanker Con	i Ci		A		4-1	c payable t		
		is \$61.25		9 Election Can		cing .	\$5.00 May B Added to Fees	e ***		tment of S		
"Due by May 1, 2008 Trust Fund Contribution							Added to Fees	FIO	riua Depar	mant of a	Late	
10.	υ,	OFFICERS AND D	RECTORS	, ·	11.		ADDITIONS/CHA	ANGES TO OFFICE	RS AND DI	RECTORS IN	₹ 10	
TITLE	DP			☐ Delete	TITLE	·	ABRAHAM	TOLBERT /	Chanla	The Change	XK Addition	
	RHODEN,	IE ANINIE		L Delete	NAME	1	1012 TU		Omepre		. Addition	
NAME									_			
STREET ADDRESS	601 E MOR				STREET AD	- 1	PENSACOI	AFL 325	03			
CITY-ST-ZIP	PENSACO	LA, FL 32503			CITY-ST-Z	IP .						
TITLE	DV			☐ Delete	TITLE					Change	☐ Addition	
NAME	SABREE, F	RACHEL			NAME							
STREET ADDRESS	1610 N. HA	YNE ST			STREET AD	DRESS						
CITY-ST-ZIP		LA, FL 32503			CITY-ST-Z							
0111-31-211	-	LA, FL 32303			- C//1-31-2		-					
TITLE	DFS			Delete	TITLE					Change	☐ Addition	
NAME	CHARLES,	BARBARA			NAME							
STREET ADDRESS	1403 E HA	TTON ST			STREET AD	DRESS						
CITY-ST-ZIP	PENSACO	LA, FL 32503			CITY-ST-Z	IP					Ì	
	 									C) 01		
TITLE	DRS			☐ Delete	TITLE	- 1				☐ Change	Addition	
NAME	RHODEN.				NAME						ì	
STREET ADDRESS	601 E MOR	RENO ST			STREET AD	DRESS						
CITY-ST-ZIP	PENSACO	LA, FL 32503			CITY-ST-Z	IP						
TITLE	DTS			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME .	KYLE, GLO	RIA			NAME							
I ALMANC	,	e1 316 3			THANK	l						
CIDEET ADDRESS	1	CT.			CIDEET 40	DDEGG						
STREET ADDRESS	600 E. LEE				STREET AD	i						
STREET ADDRESS CITY-ST-ZIP	600 E. LEE	ST LA, FL 32503			STREET AD CITY-ST-Z	i						
	600 E. LEE			☐ Delete		i				☐ Change	Addition	
CITY-ST-ZIP TITLE	600 E. LEE			☐ Delete	CITY-ST-Z	i				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	600 E. LEE			☐ Delete	CITY-ST-Z TITLE NAME	IP .				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	600 E. LEE			☐ Delete	CITY-ST-Z	DRESS				☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 850

<u>50.937-338</u>