

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005286

1. Entity Name
NORTHEAST NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**112 ESCALONA AVENUE
PENACOLA, FL 32503**

Mailing Address

**112 ESCALONA AVENUE
PENACOLA, FL 32503**



04122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0901720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, BETTY
112 ESCALONA AVENUE
PENACOLA, FL 32503**

**DO NOT WRITE
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 renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

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04/25/08-80016-002-61:25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BREWER, SHELBY
STREET ADDRESS	3801 NORTH 12TH AVENUE
CITY-ST-ZIP	PENACOLA, FL 32503
TITLE	D
NAME	ROCHELL, JEAN
STREET ADDRESS	1301 EAST SCOTT STREET
CITY-ST-ZIP	PENACOLA, FL 32503
TITLE	D
NAME	ALLEN, BETTY
STREET ADDRESS	112 ESCALONA AVE
CITY-ST-ZIP	PENACOLA, FL 32503
TITLE	D
NAME	ALLEN, CAL
STREET ADDRESS	112 ESCALONA AVE
CITY-ST-ZIP	PENACOLA, FL 32503
TITLE	D
NAME	RILEY, BERNADETTE
STREET ADDRESS	114 ESCALONA AVE
CITY-ST-ZIP	PENACOLA, FL 32503
TITLE	D
NAME	JERRALDS, VIOLA
STREET ADDRESS	101 ESCALONA AVE
CITY-ST-ZIP	PENSACOLA, FL 32503

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #