

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90028 034 ****61.25

DOCUMENT # N03000005875					
1. Entity Name ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 1240 W SCOTT ST PENSACOLA, FL 32501			Mailing Address 1240 W SCOTT ST PENSACOLA, FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 571176222	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, LARRY 1240 W SCOTT ST PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH WATSON, LARRY 2501 LONGLEAF DR PENSACOLA, FL 32526				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MCLAMB, BILLY 3800 D-WARD BLVD PENSACOLA, FL 32505				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, MARIAM 1894 BISCAYNE BLVD NAVARRE, FL 32566				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARREN, ROBERT 1529 KYLE DR PENSACOLA, FL 32504				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition					
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"/> 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: <i>Larry Watson</i> DATE: 7/14/04 DAYTIME PHONE #: 232 7067 (850)					