

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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	
DO NOT WRITE IN THIS SPACE		

FILED
Mar 18, 2005 08:00 AM
Secretary of State



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 57-1176222	Applied For Not Applicable
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

**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 renaming)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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

10. OFFICERS AND DIRECTORS

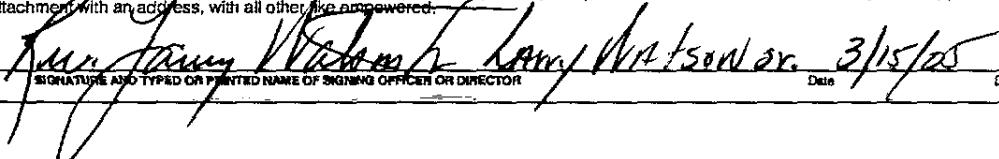
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH WATSON, LARRY 2501 LONGLEAF DR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MCLAMB, BILLY 3800 D-WARD BLVD PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, MARIAM 1894 BISCAYNE BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARREN, ROBERT 1529 KYLE DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80049-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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:


3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #