

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

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

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**



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
57-1176222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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 reinstating)

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

U000000262803
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Watson Jr.
Larry Watson Jr. 3/15/05