2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N03000005875

Entity Name: ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1240 W SCOTT ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1240 W SCOTT ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 57-1176222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, LARRY
1240 W SCOTT ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DCH ( ) Delete
Name: WATSON, LARRY
Address: 2501 LONGLEAF DR
City-St-Zip: PENSACOLA, FL 32526

Title: SV ( ) Delete
Name: MCLAMB, BILLY
Address: 3800 D-WARD BLVD
City-St-Zip: PENSACOLA, FL 32505

Title: DT ( ) Delete
Name: WILLIAMS, MARIAM
Address: 1894 BISCAYNE BLVD
City-St-Zip: NAVARRE, FL 32566

Title: DS ( ) Delete
Name: WARREN, ROBERT
Address: 1529 KYLE DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY WATSON, SR. REV. 05/03/2006
Electronic Signature of Signing Officer or Director — Date