

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90056 048 ****61.25

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1. Entity Name
NEIGHBORS IN SEVILLE, INC.



Principal Place of Business
**335 EAST INTERPRACIA
PENSACOLA, FL 32502**

Mailing Address
**335 EAST INTERPRACIA
PENSACOLA, FL 32502**



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-5415500

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

**IMOGEN, KENNEDY
335 EAST INTERPRACIA
PENSACOLA, FL 32502**

**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, 2007**

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	D KENNEDY, IMOGENE 335 E INTEDENCIA PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDFORT, SCOTT 1301 WEST GARDEN ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARBUCK, BILLY 329 EAST INTERPERCIA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, KARIN 56 SALCAMIZ ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGGETT, BARBARA D 125 CALLE DE SANTIAGO PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 #

1/5/07