

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001422

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: NEIGHBORS IN SEVILLE, INC.

## Current Principal Place of Business:

335 EAST INTERPRACIA  
PENSACOLA, FL 32502

## New Principal Place of Business:

## Current Mailing Address:

335 EAST INTERPRACIA  
PENSACOLA, FL 32502

## New Mailing Address:

FEI Number: 20-5415500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IMOGEN, KENNEDY  
335 EAST INTERPRACIA  
PENSACOLA, FL 32502 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: D ( ) Delete  
Name: KENNEDY, IMOGENE  
Address: 335 E INTEDENCIA  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: SANDFORT, SCOTT  
Address: 1301 WEST GARDEN ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: TARBUCK, BILLY  
Address: 329 EAST INTERPERCIA ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: ZIMMERMAN, KARIN  
Address: 56 SALCAMIZ ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: LIGGETT, BARBARA D  
Address: 125 CALLE DE SANTIAGO  
City-St-Zip: PENSACOLA, FL 32502

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT SANDFORT

D

01/05/2009

Electronic Signature of Signing Officer or Director

Date