

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006109

FILED
Jan 16, 2009
Secretary of State

Entity Name: BELMONT DEVILLIERS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

321 N. DEVILLIERS STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

321 N. DEVILLIERS STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 27-0088460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ELBERT JR.
25 WEST CEDAR STREET
SUITE 530
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

JONES, ELBERT JR.
700 SOUTH PALAFOX STREET
SUITE 310
PENSACOLA, FL 32502 US

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:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURRY, DELORES P
Address: 1007 W. GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: GEORGE, ROSE
Address: 1025 PALISADE ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: TODD, EDDIE JR
Address: 321 N. DEVILLIERS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: CANADA-DAVIS, ALEXA
Address: 6064 FOREST GREEN ROAD
City-St-Zip: PANSACOLA, FL 32505

Title: D () Delete
Name: JONES, ELBERT JR.
Address: 324 W. STRONG STREET
City-St-Zip: PENSACOLA, FL 32501

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: ELBERT JONES JR

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date