


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90027 034 ****61.25

DOCUMENT # N07000011247

1. Entity Name
BROWNSVILLE NEIGHBORHOOD WATCH INC.



Principal Place of Business
**3 KEYS COURT
 PENSACOLA, FL 32505**

Mailing Address
**3 KEYS COURT
 PENSACOLA, FL 32505**

40040101



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
26-1438281

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, RAYLA M
 329 ROSS STREET
 PENSACOLA, FL 32505**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIMM, ALFRED F	
STREET ADDRESS	3 KEYS COURT	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAUER, DELORES	
STREET ADDRESS	3747 WEST GADSDEN STREET	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, EDNA	
STREET ADDRESS	3718 WEST GONZALEZ	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ROSE	
STREET ADDRESS	3706 WEST GADSDEN	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JROANNE BERGMAN	
STREET ADDRESS	6 KEYS CT.	
CITY-ST-ZIP	PENSACOLA, FL 32505-7326	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR C. BERGMAN	
STREET ADDRESS	6 KEYS CT.	
CITY-ST-ZIP	PENSACOLA, FL 32505-7326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *JROANNE BERGMAN* *Jroanne Bergman* **03/07/08 (40) 435-3243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #