

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005247

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** BELL ACRES NEIGHBORHOOD WATCH GROUP, INC.

**Current Principal Place of Business:**

420 NORRIS AVE.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

420 NORRIS AVE.  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 26-2423095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, NITA  
420 NORRIS AVE.  
PENSACOLA, FL 32505 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: P ( ) Delete  
Name: FREEMAN, NITA  
Address: 420 NORRIS AVE.  
City-St-Zip: PENSACOLA, FL 32505

Title: V ( ) Delete  
Name: DUNAWAY, DOROTHY  
Address: 3610 N S ST.  
City-St-Zip: PENSACOLA, FL 32505

Title: ST ( ) Delete  
Name: FREEMAN, PAUL  
Address: 420 NORRIS AVE.  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: LOFTIN, DARLENE  
Address: 425 NORRIS AVE.  
City-St-Zip: PENSACOLA, FL 32505

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: NITA FREEMAN

PRES

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date