

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40849** (4)

1. Corporation Name
ENSLEY NEIGHBORHOOD WATCH, INC.



Principal Place of Business: **320 EAST JOHNSON AVE PENSACOLA FL 32514**
Mailing Address: **320 EAST JOHNSON AVE PENSACOLA FL 32514**

3. Date incorporated or Qualified: **10/08/1990**
3a. Date of Last Report: **10/12/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3036912**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CUNNINGHAM, BERNICE
380 EAST ENSLEY ST.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURELL, WILLIE	1.2 NAME	
STREET ADDRESS	661 CLEVELAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, BYRON	2.2 NAME	
STREET ADDRESS	720 SPENCE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORVEY, DEBRA	3.2 NAME	
STREET ADDRESS	351 EAST ENSLEY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	
TITLE	FS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, BERNICE	4.2 NAME	
STREET ADDRESS	380 EAST ENSLEY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORVEY, JIMMIE	5.2 NAME	
STREET ADDRESS	341 E ENSLEY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Willie L Burrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)