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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

| | MENT # N4084 EY NEIGHBORHOOD WATC | 49 (4) CH, INC. | | | | |
|---|---|---|--|--|---|--|
| Principal Place | e of Business | Mailing Address | | | HADA BUDIN BUDIN TÜRN | |
| 320 EAST JOHNSON AVE PENSACOLA FL 32514 | | 320 EAST JOHNSON AVE PENSACOLA FL 32514 | | | | |
| | | | | 3. Date incorporated or Qualified 10/08/1990 | 3a. Date of Last 10/12/1 | |
| _ | lace of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| Suite, Apt. | # etc | 26 | | 59-3036912 | | Not Applicable |
| 2 | #, 6 (C. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional Required |
| City & Stat | e | City & State | | 6. Election Campaign Financing | | |
| 3 | | 28 | | Trust Fund Contribution | | 0 May Be d to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intang | | |
| 4 | 25 9. Name and Address of Curre | 29 | 30 | | es 🗌 No | |
| | 5. (14.10 4.10 4.10 5.10 6.10 | mineRistored Agent | 81 Name | 10. Name and Address of New Regist | lered Agent | |
| CUNNIN | IGHAM, BERNICE | | | | | |
| 380 EAST ENSLEY ST. | | | 82 Street Ac | ddress (P.O. Box Number is Not Acceptable) | | |
| PENSAC | OLA FL 32514 | | 83 | | | |
| | | | 001 00 | | | |
| | | | 84 City | | FL 85 Zip | o Code |
| 11. Pursuant | to the provisions of Sections 617 050 | 2 and 617 1509. Florida State | too the above person or | | | |
| familiar wi | to the provisions of Sections 617.050 red agent, or both, in the State of Florith, and accept the obligations of, Sec | | | poration submits this statement for the purpose pard of directors. I hereby accept the appointment | | egistered offic agent. I am |
| familiar wi | ith, and accept the obligations of, Sec Signature, typed or printed name of registered age: | otion 617.0503, Florida Statute | S. NOTE: Registered Agent signature requi | ared when reinslating! | of changing its r ent as registered | agent. I am |
| familiar wi SIGNATURE 12. | ith, and accept the obligations of, Sec Signature, typed or printed name of negistered ago OFFICERS AN | tion 617.0503, Florida Statute staro tide il applicable ND DIRECTORS | NOTE Registered Agent signature requi | pard or wrectors. I hereby accept the appointme | of changing its r ent as registered | agent. I am |
| familiar wi SIGNATURE 12. | ith, and accept the obligations of, Sec Signature, typed or printed name of negistered ago OFFICERS AN | otion 617.0503, Florida Statute | IOTE Registered Agent signature required. | ared when reinslating! | of changing its r ent as registered | agent. I am |
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Daytime Phone #