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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44917 (5)

1. Corporation Name

NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.

Principal Place of Business

3420 BARRANCAS AVE.
PENSACOLA FL 32507
US

Mailing Address

P. O. BOX 8178
PENSACOLA FL 32505-0178
US



3. Date Incorporated or Qualified
08/27/1991

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-3093034

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

10. Name and Address of New Registered Agent

BRYAN, EDWARD
315 FLORIDA AVENUE
GULF BREEZE FL 32561

NOTE:
CHANGE OF
ADDRESS ONLY

81 Name Edward Bryan

82 Street Address (P.O. Box Number is Not Acceptable)
127 Brandon Avenue

83

84 City Pensacola

FL

85 Zip Code
32507

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE
NAME LISTER, OPAL
STREET ADDRESS 11593 DUELING OAKS DRIVE
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Lister, Opal
1.3 STREET ADDRESS 11593 Dueling Oaks Drive
1.4 CITY-ST-ZIP Pensacola FL

TITLE D ☐ DELETE
NAME JULIAN, JOHN J
STREET ADDRESS 2751 NORTH "H" STREET
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE D/S ☒ Change ☐ Addition
2.2 NAME Bryan, Edward
2.3 STREET ADDRESS 127 Brandon Avenue
2.4 CITY-ST-ZIP Pensacola FL

TITLE DS ☐ DELETE
NAME BRYAN, EDWARD
STREET ADDRESS 315 FLORIDA AVE
CITY-ST-ZIP GULF BREEZE FL

3.1 TITLE D/T ☒ Change ☐ Addition
3.2 NAME Schwab, Juanita
3.3 STREET ADDRESS 315 Ada Wilson Avenue
3.4 CITY-ST-ZIP Pensacola FL

TITLE DP ☐ DELETE
NAME HOWELL, DORIS A.
STREET ADDRESS 4000 POWRIE DR.
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCHWAB, JUANITA
STREET ADDRESS 315 ADA WILSON AVE
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward Bryan, Secretary 1-7-97 (904)458-0466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072771

CR2E037 (9/96)