

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N44917	
1. Entity Name NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.	



Principal Place of Business 3420 BARRANCAS AVE. PENSACOLA, FL 32507 US	Mailing Address PO BOX 18178 PENSACOLA, FL 32523-8178 US
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3093034	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRYAN, EDWARD 127 BRANDON AVE. PENSACOLA, FL 32507

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

Filing Fee is \$61.25
Due by May 1, 2005

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

UN00000216843
02/05/05-80067-004 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTER, OPAL 9701 CHEMSTRAND RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYAN, EDWARD 127 BRANDON AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JULIAN, JOHN 8385 LOFTON DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DORIS A. 4000 POWRIE DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWAB, JUANITA 315 ADA WILSON AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Edward Bryan Edward Bryan, Secretary 2/3/05 (850)458-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #