2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2006 08:00 AM Secretary of State

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1. Entity Name

NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.



Principal Place of Business

Mailing Address

3420 BARRANCAS AVE. PENSACOLA, FL 32507

PENSACOLA, FL 32507

PO BOX 18178

PENSACOLA, FL 32523-8178 US



DO NOT WRITE IN THIS SPACE

02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3093034

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BRYAN, EDWARD 127 BRÁNDON AVE.

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

5. 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 accentions of registered agent. SIGNATURE Spokes, typed or profeto name of registered agent and into 8 applicable. NOTE. Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTORS Trust Fund Contribution DISTER, OPAL STREET ADDRESS ORTY-ST-2IP DES BRYAN, EDWARD 127 BRANDON AVE. PENSACOLA, FL 32514 DT NAME JULIAN, JOHN STREET ADDRESS DES LOFTON DR PENSACOLA, FL 32514 DO NOT WRITE INCL. DO NOT WRITE INCL. DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE			{			
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Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ITILE DLISTER, OPAL SITIET ADDRESS PO10 CHEMSTRAND RD FENSACOLA, FL 32514 ITILE DS SITIET ADDRESS CITY-ST-2PP PENSACOLA, FL TITLE DT NAME JULIAN, JOHN STREET ADDRESS B385 LOFT ON DR STREET ADDRESS CITY-ST-2PP PENSACOLA, FL 32514 ITILE DT NAME JULIAN, JOHN STREET ADDRESS B385 LOFT ON DR FENSACOLA, FL 32514 ITILE DT NAME HOWELL, DORIS A. 4000 POWRIE DR. FENSACOLA, FL ITILE DP NAME HOWELL, DORIS A. 4000 POWRIE DR. FENSACOLA, FL ITILE DP PENSACOLA, FL ITILE DP	SIGNATURE_	Signature, typed or printed name of registered agent and title	all applicable. (NOTE, Registered Agent signature	a required when reinstating)	DATE	
ITILL D LISTER, OPAL 9701 CHEMSTRAND RD 9701 CHEMSTRAND RD PENSACOLA, FL 32514						
STREET ADDRESS STRE	10.	OFFICERS AND DIRE	CTORS			
BRYAN, EDWARD 127 BRANDON AVE. CITY-ST-2P PENSACQLA, FL TITLE DT NAME JULIAN, JOHN STREET ADDRESS CITY-ST-2P PENSACOLA, FL 32514 DO NOT WRITE HILE HOWELL, DORIS A. STREET ADDRESS CITY-ST-2P PENSACOLA, FL THIS SPACE IN THIS SPACE CITY-ST-2P PENSACOLA, FL THIS SPACE	NAME STREET ADDRESS	LISTER, OPAL 9701 CHEMSTRAND RD PENSACOLA, FL 32514				
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HOWELL, BORIS A. SIREH ADDRESS 4000 POWRIE DR. CITY-SI-ZIP PENSACOLA, FL	NAME STREET ADDRESS	JULIAN, JOHN 8385 LOFTON DR		DO NO	OT WRITE	
MUTE DD	NAME STREET ADDRESS	HOWELL, DORIS A. 4000 POWRIE DR.		IN TH	S SPACE	
MAME SCHWAB, JUANITA STREET ADDRESS 315 ADA WILSON AVE GITY-ST-ZIP PENSACOLA, FL	NAME STREET ADDRESS	SCHWAB, JUANITA 315 ADA WILSON AVE				
TIFLE NAME STREET ADDRESS CHY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	NAME STREET ADDRESS CHY-ST-ZIP	willia bad the information runnite 4 with this	filing dags not qualify for the average and	intelliged in Chapter 110. Slevid	Statutes I hugher endily that the information	

I neredy certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06

(850) 458-9466

Daytma Phone #