

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N44917</b>	
1. Entity Name <b>NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.</b>	



Principal Place of Business <b>3420 BARRANCAS AVE. PENSACOLA, FL 32507 US</b>	Mailing Address <b>PO BOX 18178 PENSACOLA, FL 32523-8178 US</b>
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02102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**BRYAN, EDWARD  
127 BRANDON AVE.  
PENSACOLA, FL 32507**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**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	

000000451414  
03/10/06-80042-011 70.00

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IN THIS SPACE**

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 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** **2/27/06** **(850) 458-0466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #