

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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



02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3093034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, EDWARD
518 N OLD CORRY FIELD ROAD
PENSACOLA, FL 32506

**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

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, 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	

U00000846786
03/18/08-80042-011 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

2/28/08

(850) 458-0466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #