

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44917

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.

**Current Principal Place of Business:**

3420 BARRANCAS AVE.  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18178  
PENSACOLA, FL 325238178 US

**New Mailing Address:**

**FEI Number:** 59-3093034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LISTER, OPAL,  
Address: 9701 CHEMSTRAND RD  
City-St-Zip: PENSACOLA, FL 32514

Title: DS ( ) Delete  
Name: BRYAN, EDWARD  
Address: 127 BRANDON AVE.  
City-St-Zip: PENSACOLA, FL

Title: DT ( ) Delete  
Name: JULIAN, JOHN  
Address: 8385 LOFTON DR  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: HOWELL, DORIS A.,  
Address: 4000 POWRIE DR.  
City-St-Zip: PENSACOLA, FL

Title: DP ( ) Delete  
Name: SCHWAB, JUANITA,  
Address: 315 ADA WILSON AVE  
City-St-Zip: PENSACOLA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: BRYAN, EDWARD  
Address: 518 N OLD CORRY FIELD ROAD  
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOWELL, DORIS A.,  
Address: 4000 POWRIE DR.  
City-St-Zip: PENSACOLA, FL 32504

Title: DP (X) Change ( ) Addition  
Name: SCHWAB, JUANITA,  
Address: 315 ADA WILSON AVE  
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD BRYAN

DS

01/22/2009

Electronic Signature of Signing Officer or Director

Date