## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 02, 2009 DOCUMENT# N44917 Secretary of State

Entity Name: NEIGHBORHOOD ENTERPRISE FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3420 BARRANCAS AVE PENSACOLA, FL 32507 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 18178

PENSACOLA, FL 325238178 US

FEI Number: 59-3093034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition LISTER, OPAL RIMMER, DEBI Name: Name: 9701 CHEMSTRAND RD Address: 8201 EIGHT MILE CREEK ROAD Address:

City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32526

Title: DS () Delete Title: () Change () Addition

BRYAN, EDWARD Name: Name: Address: 518 N OLD CORRY FIELD ROAD Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

JULIAN, JOHN PEACOCK, WAYNE Name: Name: 8385 LOFTON DR Address: Address: 1432 GLENMORE DRIVE City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: HOWELL, DORIS A. Name: SCAPECCHI, LARRY 4000 POWRIE DR. 12680 PRIMERO COURT Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32507

Title: DΡ () Delete Title: () Change () Addition

SCHWAB, JUANITA Name: Name: 315 ADA WILSON AVE Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

JONES FLWIN Name: Name:

Address: Address: 1812 KINGSTREE DRIVE CANTONMENT, FL 32533 City-St-Zip: City-St-Zip:

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 11/02/2009