

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$236.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jul 25 1996 8:00 am
 Secretary of State

DOCUMENT # N95000004054 (1)

1. Corporation Name

BAYOU DAVENPORT NEIGHBORHOOD WATCH INC.



Principal Place of Business

Mailing Address

432 S. 1ST ST.
 PENSACOLA FL 32507

432 S. 1ST ST.
 PENSACOLA FL 32507

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESHELMAN, BARBARA
 432 S. 1ST ST.
 PENSACOLA FL 32507

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara Eshelman President*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
 NAME ESHELMAN, BARBARA
 STREET ADDRESS 432 S. 1ST ST.
 CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE Ted Poplawski T
 1.2 NAME 3075 First ST
 1.3 STREET ADDRESS Pensacola, FL 32507
 1.4 CITY-ST-ZIP

TITLE V
 NAME CAUSEY, GAIL
 STREET ADDRESS 533 S. 2ND ST.
 CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE Susan Mink T
 2.2 NAME 306 S. First ST
 2.3 STREET ADDRESS Pensacola, FL, 32507
 2.4 CITY-ST-ZIP

TITLE S
 NAME KATHRYN, DAVIS
 STREET ADDRESS 505 S. 2ND ST.
 CITY-ST-ZIP PENSACOLA FL 32507

3.1 TITLE Kornell Davis T
 3.2 NAME 505 S. 2nd ST.
 3.3 STREET ADDRESS Pensacola, FL, 32507
 3.4 CITY-ST-ZIP

TITLE T
 NAME MODERSON, TIMOTHY
 STREET ADDRESS 531 1/2 S. 2ND ST.
 CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE T
 NAME CHARLES Mink
 STREET ADDRESS 306 S. First ST
 CITY-ST-ZIP Pensacola, FL, 32507

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Eshelman* BARBARA Eshelman 904 4589860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Eshelman

BARBARA Eshelman

6-14-96

0017306

CR2E037 (3/96)