FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

N95000004054 (1)

RAYOU DAVENPORT NEIGHBORHOOD WATCH INC.

Dringing Diago	of Durings	Mailing Address					
Principal Place of Business		Mailing Address			, , , , , , , , , , , , , , , , , , ,		
432 S. 1ST ST. PENSACOLA FL 32507		432 S. 1ST ST. PENSACOLA FL 32507-3306	i				
	·				3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 07/03/1996	
	ace of Business	2a. Mailing Address		•	4. FEI Number	Applied For	
21		26			Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		Zip Country		Trust Fund Contribution			
24	25	29 30		This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,] Yes 🂢 No		
	9. Name and Address of Curre		20 1	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re		
			61	Name			
ESHELMAN, BARBARA				Street Add	dress (P.O. Box Number is Not Acceptable)		
432 S. 1			62	0110017100	Total (F.C. Don Halfings to Half Hadepital		
	OLA FL 32507		83				
1			84	City		85 Zip Code	
office or re agent. I an SIGNATURE	ogistered agent, or both, in the Stat n familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 617.0503, Flori	ithorized by ti ida Statutes.	he corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered	
	Signature, typed or printed name of registered ag			signalure requ	Ared when reinstating)	DATE	
12. Titl l	OFFICERS AF	ND DIRECTORS	13. 1.1 TITLE	7	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	POPLAWSKI, TED		1.2 NAME	5	anser & Alice	C comile C vacuum	
STREET ADDRESS	3075 FIRST STREET		1.3 STREET AL	nness 5	ansey G. Alice		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-	1 📥	gracele, 71 32	ΓΛ ¬	
TATLE	T	DELETE	2.1 TITLE	<u> </u>	A AREVIE , 7 1	☐ Change ☐ Addition	
NAME	MINK, SUSAN		2.2 NAME				
STREET ADDRESS	306 S FIRST STREET		2.3 STREET ADDRESS				
CITY-\$T-ZIP	PENSACOLA FL		2. 4 CITY-ST-ZIP				
TITLE	T	DELETE	3.1 TITLE			Change Addition	
NAME	DAVIS, KORNELL		3.2 NAME				
STREET ADDRESS	505 S. 2ND ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			
TITLE	· ·		4.1 TITLE			Change Addition	
NAME	MINK, CHARLES		4, 2 NAME				
STREET ADDRESS	306 S FIRST STREET		4.3 STREET AL	1			
CHTY - ST - ZIP	PENSACOLA FL		4.4 CITY-ST-	ZIP		Change Addition	
TITLE	☐ DECEIE		5.1 TITLE			C Change C Roomon	
NAME			5.2 NAME	200000			
STREET ADDRESS			5.3 STREET AL	1			
CITY-ST-ZIP TITLE			5.4 CITY-ST- 6.1 TITLE	ZIP		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AL	DORESS			
CITY-ST-ZIP			6.4 CITY-ST-				
14. I do hereb	by certify that the information supplied	ed with this filing does not qualify	for the exem	ption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information	n indicated on this annual report or ficer or director of the corporation on h Block 12 or Block 13 if changed, or	supplemental annual report is truer the receiver or trustee empower	ue and accura pred to execut ress.	ate and tha te this repo	at my signature shall have the same lega ort as required by Chapter 617, Florida S	il effect as if made under oath; that	