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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004054 (1)**

1. Corporation Name

BAYOU DAVENPORT NEIGHBORHOOD WATCH INC.

Principal Place of Business

**432 S. 1ST ST.
PENSACOLA FL 32507**

Mailing Address

**432 S. 1ST ST.
PENSACOLA FL 32507**

2. Principal Place of Business

21 533 S 2nd St

2a. Mailing Address

26 533 S 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pensacola, FL

City & State

28 Pensacola, FL

Zip

24 32507

Country

25 Escomb

Zip

29 32507

Country

30 Escomb

3. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Alice G. Cansey

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

533 S 2nd St

83

84 City

Pensacola

FL

85 Zip Code

32507

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

Alice G. Cansey

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

(NOTE: Registered Agent signature required when reinstating)

4/28/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CANSEY G ALICE**
STREET ADDRESS **533 S 2ND ST**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **MINK, SUSAN**
STREET ADDRESS **306 S FIRST STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **DAVIS, KORNELL**
STREET ADDRESS **505 S. 2ND ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **MINK, CHARLES**
STREET ADDRESS **306 S FIRST STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Alice G. Cansey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

850-453-0291

Date Daytime Phone & e-mail

CR2E037 (10/97)