

# 2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90040 037 \*\*\*\*61.25

**DOCUMENT # N95000004635**

1. Entity Name

ENGLEWOOD NEIGHBORHOOD IMPROVEMENT  
CORPORATION



Principal Place of Business

2751 NORTH H STREET  
PENSACOLA FL 32501

Mailing Address

PO BOX 18334  
PENSACOLA FL 32523-8398  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, ETHEL L  
1916 ST. CATHERINE AVE  
PENSACOLA FL 32501

Name: **ETHEL L. LINDSEY**

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

**1916 ST. CATHERINE AVE**

City: **PENSACOLA**

FL

Zip Code  
**32501**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ETHEL L. LINDSEY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-26-4**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DV  
NAME: LINDSEY, ETHEL L  
STREET ADDRESS: 1916 ST CATHERINE AVE  
CITY-ST-ZIP: PENSACOLA FL 32501 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: SD  
NAME: ROYSTER, IDA  
STREET ADDRESS: 1105 W LEONARD ST  
CITY-ST-ZIP: PENSACOLA FL 32501 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: AS  
NAME: BARNES, KATIE  
STREET ADDRESS: 1203 W BOBE ST  
CITY-ST-ZIP: PENSACOLA FL 32501 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TD  
NAME: PRICE, MATTIE  
STREET ADDRESS: 1809 WEST BOBE STREET  
CITY-ST-ZIP: PENSACOLA FL 32501 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D  
NAME: ANDREWS, LUCILLE  
STREET ADDRESS: 2619 NORTH H STREET  
CITY-ST-ZIP: PENSACOLA FL 32501 ☒ Delete

TITLE: ☒ Change ☐ Addition  
NAME: **BROWNING, HAZEL**  
STREET ADDRESS: **2800 NE STREET**  
CITY-ST-ZIP: **PENSACOLA FL 32501**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ETHEL L. LINDSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-2004**

Date

**850-433-2141**

Daytime Phone #