

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 013 ****61.25

DOCUMENT # N95000004635

1. Entity Name

**ENGLEWOOD NEIGHBORHOOD IMPROVEMENT
CORPORATION**



Principal Place of Business

**2751 NORTH H STREET
PENSACOLA FL 32501**

Mailing Address

**2800 NORTH "E" STREET
PENSACOLA FL 32501
US**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

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

**BROWNING, HAZEL
2800 NORTH "E" STREET
PENSACOLA FL 32501**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature is required when reinstating.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	M	<input type="checkbox"/> Delete
NAME	JACKSON, ROBERT L	
STREET ADDRESS	2721 NORTH "E" STREET	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	M	<input type="checkbox"/> Delete
NAME	MICHAEL, MARTHA	
STREET ADDRESS	1920 W. JORDAN STREET	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BARNES, KATIE	
STREET ADDRESS	1203 W BOBE ST	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRICE, MATTIE	
STREET ADDRESS	1809 WEST BOBE STREET	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, HAZEL	
STREET ADDRESS	2800 NE ST.	
CITY- ST- ZIP	PENSACOLA FL 32501	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	LINDSEY, ETHEL	
STREET ADDRESS	1916 ST CATHERINE AVE	
CITY- ST- ZIP	PENSACOLA FL 32501	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Hazel Browning* **HAZEL BROWNING 2/21/08 905-432-9293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #