2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004635

FILED Apr 28, 2009 Secretary of State

Entity Name: ENGLEWOOD NEIGHBORHOOD IMPROVEMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 2751 NORTH H STREET PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 2800 NORTH "E" STREET 2800 NORTH E STREET PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US FEI Number: 59-3445733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BROWNING, HAZEL BROWNING, HAZEL 2800 NORTH "E" STREET 2800 NORTH E STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501 US US 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. SIGNATURE: HAZEL BROWNING 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JACKSON, ROBERT L Name: Name: 2721 NORTH Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition MICHAEL, MARTHA Name: Name: Address: 1920 W. JORDAN STREET Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition BARNES, KATIE Name: Name: Address: 1203 W BOBE ST Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: PRICE, MATTIE Name: 1809 WEST BOBE STREET Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition BROWNING, HAZEL Name: Name: 2800 NF ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition LINDSEY, ETHEL Name: Name: Address: 1916 ST CATHERINE AVE Address: PENSACOLA, FL 32501 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEL BROWNING D 04/28/2009