

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90227 046 ****61.25

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DOCUMENT # N97000000251

1. Corporation Name

AVONDALE NEIGHBORHOOD WATCH ASSOCIATION, INC.

Principal Place of Business
5677 VENTURA LANE
PENSACOLA FL 32526

Mailing Address
5677 VENTURA LANE
PENSACOLA FL 32526



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

01/13/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3447253

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, JACQUELYN D
5677 VENTURA LANE
PENSACOLA FL 32526

81 Name

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

83

84 City

FL

85 Zip Code

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 *Jacquelyn D. Fisher*

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

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISHER, JACQUELYN D	
STREET ADDRESS	5677 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MILUSZEWSKI, TOM	
STREET ADDRESS	5661 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILUSZEWSKI, NANCY	
STREET ADDRESS	5677 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, SHIRLEY	
STREET ADDRESS	5687 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODSON, TINA	
STREET ADDRESS	5780 WICKFORD LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, RENE	
STREET ADDRESS	5649 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAYTON GRIFFITH
2.3 STREET ADDRESS	5806 VENTURA LANE
2.4 CITY-ST-ZIP	Pensacola, Fl. 32526
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hugh Eldridge
3.3 STREET ADDRESS	5720 Vestavia Lane
3.4 CITY-ST-ZIP	Pensacola, Fl
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	L. U. Hopkins
4.3 STREET ADDRESS	5700 Vestavia Lane
4.4 CITY-ST-ZIP	Pensacola, Florida 32526
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Jacquelyn D. Fisher* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

Date

850-455-2173

Daytime Phone #

CR2E037 (11/98)