


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000403		
1. Entity Name LAS BRISAS NEIGHBORHOOD COMMUNITY WATCH, INC.		
Principal Place of Business	Mailing Address	
3021 ENGLISH OAK CIR. PENSACOLA, FL 32526	P O BOX 3776 ESCAMBIA, FL 32516	



01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3449855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLING, STEVEN 3021 ENGLISH OAK CIR. PENSACOLA, FL 32526

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, WILLIAM L 2070 BENT OAK RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KLING, STEVEN J 3021 ENGLISH OAK CIR PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORD, DEBBIE 3011 ENGLISH OAK CIRCLE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D MARIA, TRIMBLE 7190 PENINSULA RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steven J. Kling Steven J. Kling 2/14/05 (850) 438-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #