

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N97000000403

1. Entity Name
**LAS BRISAS NEIGHBORHOOD COMMUNITY WATCH,
INC.**



Principal Place of Business
**3021 ENGLISH OAK CIR
PENSACOLA, FL 32526**

Mailing Address
**P O BOX 3776
ESCAMBIA, FL 32516**



02062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLING, STEVEN
3021 ENGLISH OAK CIR.
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, WILLIAM L
STREET ADDRESS 3070 BENT OAK RD
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE SD
NAME KLING, STEVEN J
STREET ADDRESS 3021 ENGLISH OAK CIR
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE VD
NAME FORD, DEBBIE
STREET ADDRESS 3011 ENGLISH OAK CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE T/D
NAME MARIA, TRIMBLE
STREET ADDRESS 7196 PENINSULA DR
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08

Date

850 377-0820

Daytime Phone #