FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N97000001168 (0)

BRITTON PLACE COMMUNITY IMPROVEMENT CORPORATION

Principal Place of Business Mailing Address							I POOLITOI DIO IDIII PODII DDIA DDII	1 88111 88111 88181 11881 11	010 01101 (411 1001
1820 WEST JORDAN STREET 1820 WEST JORD PENSACOLA FL 32501 PENSACOLA FL 32						3.	Date Incorporated or Qualified		
PENSACOLA FL 32501 PENSACOLA FL 32501							03/03/1997		I
						4.	FEI Number	 -	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing A							59-3491357	- \$8.7	5 Additional
21	_	26			5.	Certificate of Status Desired		Required	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			6.	Election Campaign Financing		May Be	
City & State		City & State				Trust Fund Contribution		d to Fees	
23		28			7. Is this nonprofit corporation a homeowners association?				
Zip Country		Zip Country			8.	This corporation owes or has p		Intangible	
24 25		29	4			Personal Property Tax due June 30. 🔲 Yes 🔀 No			
9. Name and Address of Current Registered Agent					Alama	10.	Name and Address of New R	egistered Agent	
0000	MAN DAIDH		Ľ	B1	Name				
GOODMAN, RALPH 1820 WEST JORDAN STREET				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
	COLA FL 32501		ļ.	83				<u> </u>	
. 6191	000112 00001		L.	84	City			les s	Zip Code
				04	City		·	FL 85 2	IID COOR
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida State of Florida Such change was	utes, the ab	ove	-named co	orporation	n submits this statement for the loard of directors. I hereby acce	purpose of changing	g its registered as registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	ions of, Section 617.0503, F	Florida Statu	nes.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	Signature, typed or printed name of registered agent	and title II applicable (NC	OTE: Registered	Anen	nt signature reg	oulred when	reinslation	DATE	
12.	OFFICERS AND		13.		n organization of		ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITUE P/D		☐ DELET E	1.1 Till	Æ				Chang	ge 🔲 Addition
NAME	Ralph Goodman		1.2 NA	NE					
STREET ADDRESS	1820 W. Jordan ST.			1.3 STREET ADDRESS					
TITLE V	Pensacola Florida 32501			1.4 CITY-ST-ZIP 2.1 TITLE				☐ Chang	oe Addition
NAME	Elston Gibson		2.2 NAM		Į				,
	1918 W Maxwell St.			2.3 STREET ADDRESS					
CITY-ST-ZIP	Pensocola, Florida, 32501			2.4 CITY+ST-ZIP					
TITLE S/D		☐ DELETE	3.1 TITL	.E				☐ Chan	ge 🔲 Addition
NAME	L is a Samuel			3.2 NAME					
1	1920 W Maxwell St.		1	3.3 STREET ADDRESS					
TITLE T/D	Pensacola, Florida, 32501			3.4. CITY-ST-ZIP 4.1 TITLE				☐ Chang	ge 🔲 Addition
NAME T/D	Roosevelt McKenzie			4. 2 NAME					,,
	1830 W Maxwell St.			4.3 STREET ADDRESS					
UIII-SI-ZIF	Pensacola, Florida, 32501		4.4 CITY	4.4 CITY-ST-ZIP					
TITLE D	Charles Powe	☐ DELETE	5.1 TITL	.E				☐ Chang	ge
NAME	1900 W Bobe St.			5.2 NAME					DE .
STREET ADORESS	Pensacola, Fl. 3	2501			ADDRESS				12.6
CITY-ST-ZIP TITLE D	Aliga Bannatt	☐ DELETE	5.4 CITY 6.1 TITL		- <u>ZIP</u>			Chanr	ge
NAME D	Alice Bennett 2031 "M" Street.		6.2 NAN		j		200000245	, UU to all''	,
		2501			ADDRESS		-03/03/98010 ***61.25	12008	
		,					かかかひょったう		

14. Thereby 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 II changed, or on an attendment with an address. 36/90

6.4 CITY-ST-ZIP

FILED

Mar 06 1998 8:00am

Secretary of State