

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
Apr 02, 1999 8:00 am
Secretary of State

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1. Corporation Name

BRITTON PLACE COMMUNITY IMPROVEMENT CORPORATION

Principal Place of Business

**1820 WEST JORDAN STREET
PENSACOLA FL 32501**

Mailing Address

**1820 WEST JORDAN STREET
PENSACOLA FL 32501**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/03/1997

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-3491357

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODMAN, RALPH
1820 WEST JORDAN STREET
PENSACOLA FL 32501**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GOODMAN, RALPH
1820 W. JORDAN ST
PENSACOLA FL 32501**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**D
Viola S Miller
1924 W. Hernandez St.
Pensacola, Fl. 32501**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
GIBSON, ELSTON
1918 W MAXWELL ST
PENSACOLA FL 32501**

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**V
Earlean Roberson
1901 W. Maxwell ST. Pensacola, FL. 32501**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
SAMUEL, LISA
1920 W MAXWELL ST
PENSACOLA FL 32501**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MCKENZIE, ROOSEVELT
1830 W MAXWELL ST
PENSACOLA FL 32501**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
POWE, CHARLES
1900 W BOBE ST
PENSACOLA FL 32501**

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BENNETT, ALICE
2031 "M" STREET
PENSACOLA FL 32501**

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Ralph Goodman**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/99

Daytime Phone #

(850) 432-3776

CR25037 (11/98)