2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N97000001168

Entity Name: BRITTON PLACE COMMUNITY IMPROVEMENT CORPORATION

Current Principal Place of Business:

1820 WEST JORDAN STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1820 WEST JORDAN STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3491357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOODMAN, RALPH
Address: 1820 W. JORDAN ST
City-St-Zip: PENSACOLA, FL 32501

Title: S ( ) Delete
Name: MIDDLETON, INEACE
Address: 2406 W HERNANDEZ ST.
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: BLOXSON, ANNIE
Address: 2021 N M STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete
Name: MCKENZIE, ROOSEVELT
Address: 1830 W MAXWELL ST
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete
Name: AIKENS, TONY
Address: 1901 N K ST
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: BENNETT, ALICE
Address: 2031 N M ST
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH GOODMAN P 04/01/2009

Electronic Signature of Signing Officer or Director — Date