


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003324		
1. Entity Name WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND NEIGHBORHOOD WATCH INC.		

Principal Place of Business GOOD HOPE AME CHURCH PENSACOLA FL 32507	Mailing Address PO BOX 16318 PENSACOLA FL 32507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, RAYMOND 405 SEAMARGE LANE PENSACOLA FL 32507		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFEN, CHARLES R	NAME	
STREET ADDRESS	738 GULF BEACH HWY.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCY, HENRY	NAME	
STREET ADDRESS	112 N MERRITT STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MABEL	NAME	
STREET ADDRESS	405 SEAMARGE LANE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKES, ANNIE M	NAME	
STREET ADDRESS	27 WASHINGTON STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCY, JAUNITA	NAME	
STREET ADDRESS	112 N. MERRITT ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ERNEST	NAME	
STREET ADDRESS	542 PAULA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	

12. 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 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: Charles R. Griffen Charles R. Griffen January 29, '04 8504573500

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #