

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

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

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000233618
CITY - ST - ZIP	02/17/05-80050-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 February 14, 2005 850-415-73500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #