

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003324

1. Entity Name

**WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION
AND NEIGHBORHOOD WATCH INC.**



Principal Place of Business

Mailing Address

**GOOD HOPE AME CHURCH
PENSACOLA FL 32507**

**PO BOX 16318
PENSACOLA FL 32507**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**JONES, RAYMOND
405 SEAMARGE LANE
PENSACOLA FL 32507**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|-------------------------------------------------------------------|
| TITLE | U00000712455 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 04/26/07-80047-024 70.00 | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4-11-07

850-457-2500