

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003324

FILED
Jan 12, 2009
Secretary of State

Entity Name: WARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION AND NEIGHBORHOOD WATCH INC.

Current Principal Place of Business:

GOOD HOPE AME CHURCH
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 16318
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, RAYMOND
405 SEAMARGE LANE
PENSACOLA, FL 32507 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: DP () Delete
Name: GRIFFEN, CHARLES R
Address: 738 GULF BEACH HWY.
City-St-Zip: PENSACOLA, FL 32507

Title: DV () Delete
Name: MERCY, HENRY
Address: 112 N MERRITT STREET
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: JONES, MABEL
Address: 405 SEAMARGE LANE
City-St-Zip: PENSACOLA, FL 32507

Title: DT () Delete
Name: TOOKES, ANNIE M
Address: 27 WASHINGTON STREET
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: MERCY, JAUNITA
Address: 112 N. MERRITT ST.
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WHITE, ERNEST
Address: 542 PAULA AVENUE
City-St-Zip: PENSACOLA, FL 32507

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: HENRY MERCY

DV

01/12/2009

Electronic Signature of Signing Officer or Director

Date