NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700006093

Country

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1. Corporation Name

## PEN HAVEN NEIGHBORHOOD WATCH ASSOCIATION, INC.

Princ	ipal.Pla	ce of i	Business
1414	MODIL	40TLI	AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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24

Mailing Address .

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PENSACOLA FL 32506

1414 NORTH 48TH AVENUE PENSACOLA FL 32506

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90029 005 \*\*\*\*61.25

) 130(1)(1) 210 121)(1 100() 20() 20() 20() 20()	
ate Incorporated or Qualifed 0/27/1997	
El Number	Applied For
 PPI IFN FAR	 Not Appliable

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81	81 Name			
FREDERICK, H.G.		82	Stroot	Address (P.O. Box Number is Not Acceptable)		
1414 NORTH 48TH AVENUE		02	Steet	Address (F.O. Box Number is Not Acceptable)		
PENSACOLA FL 32506		83				
PENSACO	ILA FL 32300	<u> </u>				
		84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable. (NOTE: Reg	istered Agen	t signature r	required when reinstating)  DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	1.1 TITLE		Change Addition		
NAME	FREDERICK, H.G.	1.2 NAME				
STREET ADDRESS	1414 NORTH 48TH AVENUE	1.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-S	r-ZIP			
TITLE	VD DELETE	2.1 TITLE		Change ☐ Addition		
NAME	Boyle, Nathan	2.2 NAME		ELOISE YOUNG 46-PEN HAVEN DR.		
STREET ADDRESS	1308 NORTH 48TH AVENUE	2.3 STREET	ADDRESS	46 PEN HAVEN DR.		
CITY-ST-ZIP	PENSACOLA FL 32506	2.4 CITY-S	T-ZIP	PENSACOLA FL 32500		
TITLE	TD DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	HAMMAC, ALMA	3.2 NAME				
STREET ADDRESS	1418 49TH AVENUE	3.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506	3.4. CITY-S	T-ZIP			
TITLE	\$ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	MORAN, FAYE	4.2 NAME		DIANE SUNDAY 30 BESMA DR.		
STREET ADDRESS	40 PEN HAVEN AVENUE	4.3 STREET	ADDRESS	30 BESMa DK.		
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-S	T-ZIP	PENSACOLA, FL 32500		
TITLE	D DELETE	5.1 TITLE		Change Addition		
NAME	MORRIS, <del>SOUG</del> T DOUG-	5.2 NAME				
STREET ADDRESS	2 PEN HAVEN AVENUE	5.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506	5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
		COMMAND		1		

Country

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP