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Secretary of State

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000006093</b>					
1. Corporation Name <b>PEN HAVEN NEIGHBORHOOD WATCH ASSOCIATION, INC.</b>					
Principal Place of Business 1414 NORTH 48TH AVENUE PENSACOLA FL 32506			Mailing Address 1414 NORTH 48TH AVENUE PENSACOLA FL 32506		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/27/1997 4. FEI Number APPLIED FOR 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>FREDERICK, H.G. 1414 NORTH 48TH AVENUE PENSACOLA FL 32506</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 <i>H.G. Frederick</i> DATE 1/27/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME FREDERICK, H.G. STREET ADDRESS 1414 NORTH 48TH AVENUE CITY-ST-ZIP PENSACOLA FL 32506 <input type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME BOYLE, NATHAN STREET ADDRESS 1308 NORTH 48TH AVENUE CITY-ST-ZIP PENSACOLA FL 32506 <input checked="" type="checkbox"/> DELETE			2.1 TITLE VD 2.2 NAME ELOISE YOUNG 2.3 STREET ADDRESS 416 PEN HAVEN DR. 2.4 CITY-ST-ZIP PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME HAMMAC, ALMA STREET ADDRESS 1418 49TH AVENUE CITY-ST-ZIP PENSACOLA FL 32506 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE S NAME MORAN, FAYE STREET ADDRESS 40 PEN HAVEN AVENUE CITY-ST-ZIP PENSACOLA FL 32506 <input checked="" type="checkbox"/> DELETE			4.1 TITLE S 4.2 NAME DIANE SUNDAY 4.3 STREET ADDRESS 30 BESMA DR. 4.4 CITY-ST-ZIP PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MORRIS, DOUG DOUG STREET ADDRESS 2 PEN HAVEN AVENUE CITY-ST-ZIP PENSACOLA FL 32506 <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE: *H.G. Frederick* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 850-455-5008

CR2E037 (11/98)