

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51340

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: NEIGHBORS 4 NEIGHBORS, INC.

**Current Principal Place of Business:**

C/O WFOR TV  
8900 N.W. 18TH TERRACE  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WFOR TV  
8900 N.W. 18TH TERRACE  
MIAMI, FL 33172 US

**New Mailing Address:**

FEI Number: 65-0364391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMERON, LYNNE ED  
8900 N.W. 18TH TERRACE  
MIAMI, FL 33172 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: TD  
Name: FORSHEE, BILL  
Address: 220 MIRACLE  
City-St-Zip: MIAMI, FL 33134 US

Title: P  
Name: KLAASSENS, JEN  
Address: 1865 79TH STREET CAUSEWAY, PH K  
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VP  
Name: BARRY-SMITH, MARCIA  
Address: 2100 WEST CYPRESS CREEK ROAD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: S  
Name: BUTLER, DON  
Address: ONE SE THIRD AVENUE  
City-St-Zip: MIAMI, FL 33131 US

Title: D  
Name: ALDAMA, CESAR  
Address: 8900 NW 18 TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: D  
Name: BOOK, RONALD  
Address: 18851 NE 29 AVENUE  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: LYNNE CAMERON

ED

03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date