


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90237 049 ****70.00

DOCUMENT # N99000004832

1. Entity Name
 NEIGHBORHOOD FAMILY CENTERS COALITION, INC.



Principal Place of Business
 18860 US HIGHWAY 19N
 157
 CLEARWATER, FL 33764

Mailing Address
 18860 US HIGHWAY 19N
 157
 CLEARWATER, FL 33764

2. Principal Place of Business
 4500 140th Ave N.
 Suite, Apt. #, etc.
 Suite 220
 City & State
 Clearwater FL

3. Mailing Address
 4500 140th Ave N.
 Suite, Apt. #, etc.
 Suite 220
 City & State
 Clearwater FL

4. FEI Number
 59-3647540

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNOWLES, KEITH F
 NEIGHBORHOOD FAMILY CENTER COALITION
 18860 US HIGHWAY 19 N
 CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

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.

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, MARGO 6399 142 AVE N #116 CLEARWATER, FL 33259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, LOUNELL 2335 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINLIVAN, JAMES M 4070 58TH AVENUE NORTH SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LE, CAROLINE 401 62nd Ave North St. Petersburg, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition


12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lounell Britt Lounell Britt 3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

400355



03132006 Chg-NP CR2E037 (11/05)

\$70.00