

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000011110

**Entity Name:** NEIGHBORS FOR CAPITAL CIRCLE NORTHWEST, INC.

**Current Principal Place of Business:**

5150 MADDOX RD.  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

5150 MADDOX RD.  
TALLAHASSEE, FL 32303 UN

**FEI Number:** 93-3550389

**Certificate of Status Desired:** No

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

ZIRIN, GARY M  
5150 MADDOX RD,  
TALLAHASSEE, FL 32303 US

*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

**Officer/Director Detail :**

Title PD  
Name ZIRIN, GARY M  
Address 5150 MADDOX RD  
City-State-Zip: TALLAHASSEE FL 32303

Title VPD  
Name FURLONG, MIKE  
Address 3670 FLAT RD  
City-State-Zip: TALLAHASSEE FL 32303

Title SD  
Name HARMON, REGGIE  
Address 5129 MADDOX RD  
City-State-Zip: TALLAHASSEE FL 32303

Title TD  
Name MADDOX, ROD  
Address 5126 MADDOX RD.  
City-State-Zip: 5126 MADDOX RD. FL 32303

*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: GARY ZIRIN**

**PRESIDENT**

**02/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date