

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51340

Entity Name: NEIGHBORS 4 NEIGHBORS, INC.**Current Principal Place of Business:**C/O WFOR TV
8900 N.W. 18TH TERRACE
MIAMI, FL 33172**Current Mailing Address:**C/O WFOR TV
8900 N.W. 18TH TERRACE
MIAMI, FL 33172 US**FEI Number:** 65-0364391**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMERON, LYNNE ED
8900 N.W. 18TH TERRACE
MIAMI, FL 33172 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	TD/S
Name	BUTLER, DON
Address	ONE SE THIRD AVENUE
City-State-Zip:	MIAMI FL 33133
Title	P, PRESIDENT
Name	BARRY-SMITH, MARCIA
Address	2100 WEST CYPRESS CREEK ROAD
City-State-Zip:	FT LAUDERDALE FL 33309
Title	S, SECRETARY
Name	JOHN, KING
Address	2100 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134
Title	VP
Name	GONZALEZ, AMANDA
Address	8750 SW 144 STREET
City-State-Zip:	PALMETTO BAY FL 33176

Title	D
Name	KLAASSENS, JEN
Address	1865 79TH STREET CAUSEWAY, PH K
City-State-Zip:	NORTH BAY VILLAGE FL 33141
Title	D
Name	MICHAEL, GOODMAN
Address	4100 NE 15 TERRACE
City-State-Zip:	FT LAUDERDALE FL 33334
Title	D
Name	BOOK, RONALD
Address	18851 NE 29 AVENUE
City-State-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: DON BUTLER**TREASURER****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date