

**2020 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 VICE CHAIR  
Name BOOK, RONALD  
Address 18851 NE 29 AVENUE  
City-State-Zip: AVENTURA FL 33180

Title SECRETARY  
Name LAZEGA, RUSSEL  
Address 3467 NE 168 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title TREASURER  
Name WELSCH, IAN  
Address 2103 CORAL WAY  
2ND FLOOR  
City-State-Zip: MIAMI FL 33145

Title CHAIRMAN  
Name NEPOLA, JUSTIN  
Address 4000 HOLLYWOOD BLVD  
765 S  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name CABRERA, CARLOS  
Address 45 EAST SHERIDAN ST.  
City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR  
Name CURBELO, PEDRO  
Address 1100 LEE WAGENER BLVD  
SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33315

Title DIRECTOR  
Name DEMOS, CYNTHIA  
Address 13611 SOUTH DIXIE HWY  
SUITE 423  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name FLORES, CARLOS  
Address 390 S FLAMINGO ROAD  
City-State-Zip: PEMBROKE PINES FL 33127

**Continues on page 2**

*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: IAN WELSCH****TREASURER****03/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                OWEN, ASHLEY  
Address             300 S BEL AIR DRIVE  
City-State-Zip:    PLANTATION FL 33317

Title                 DIRECTOR  
Name                SOL, NATALIA  
Address             11224 SW 134TH TERRACE  
City-State-Zip:    MIAMI FL 33176