

2021 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:** Yes**Name and Address of Current Registered Agent:**MEAGHER, KATHRYN N
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:** KATHRYN N MEAGHER

02/03/2021

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 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

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

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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: JUSTIN NEPOLA

CHAIRMAN

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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