

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 733162 (2)**  
 1. Corporation Name  
**THE NEIGHBORHOOD OUTREACH, INC.**



Principal Place of Business: **7806 NW 7 AVE. MIAMI FL 33150-3268**  
 Mailing Address: **7806 NW 7 AVE. MIAMI FL 33150-3268**

3. Date Incorporated or Qualified: **06/23/1975**  
 3a. Date of Last Report: **06/22/1995**  
 4. FEI Number: **59-1643377**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**SCOTT, HULLIE M**  
**7806 NW 7 AVE.**  
**MIAMI FL 33150**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, HULLIE MAE	1.2 NAME	
STREET ADDRESS	7806 NW 7 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, ANDREA S.	2.2 NAME	
STREET ADDRESS	4101 N W 190TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEN, CATHERINE	3.2 NAME	
STREET ADDRESS	2841 NW 173RD TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, CHRISTINE	4.2 NAME	
STREET ADDRESS	4101 N.W. 190 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CHERYL S.	5.2 NAME	
STREET ADDRESS	3441 NW 173RD TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, THOMAS	6.2 NAME	
STREET ADDRESS	3441 N W 173TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hullie M Scott* **REQUIRED** *June 17, 1996*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)