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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

7806 NW 7 AVE.
MIAMI FL 33150-32687806 NW 7 AVE.
MIAMI FL 33150-32683. Date Incorporated or Qualified
06/23/19753a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

59-1643377

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, HULLIE M
7806 NW 7 AVE.
MIAMI FL 33150

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCOTT, HULLIE MAE
STREET ADDRESS 7806 NW 7 AVE.
CITY-ST-ZIP MIAMI FLTITLE D ☐ DELETE
NAME BALLARD, ANDREA S.
STREET ADDRESS 4101 N W 190TH STREET
CITY-ST-ZIP CAROL CITY FLTITLE TD ☐ DELETE
NAME PRIDGEN, CATHERINE
STREET ADDRESS 2841 NW 173RD TERR
CITY-ST-ZIP OPA-LOCKA FLTITLE SD ☐ DELETE
NAME BALLARD, CHRISTINE
STREET ADDRESS 4101 N.W. 190 ST.
CITY-ST-ZIP OPA LOCKA FLTITLE PD ☐ DELETE
NAME ANDERSON, CHERYL S.
STREET ADDRESS 3441 NW 173RD TERR
CITY-ST-ZIP OPA LOCKA FLTITLE VD ☐ DELETE
NAME ANDERSON, THOMAS
STREET ADDRESS 3441 N W 173TH TERR
CITY-ST-ZIP CAROL CITY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine Pridgen

1/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 777-7777

CR2E037 (9/96)