


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 733162 (2)</b> 1. Corporation Name <b>THE NEIGHBORHOOD OUTREACH, INC.</b>					
Principal Place of Business <b>7806 NW 7 AVE. MIAMI FL 33150-3268</b>			Mailing Address <b>7806 NW 7 AVE. MIAMI FL 33150-3268</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>06/23/1975</b> 4. FEI Number <b>59-1643377</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>SCOTT, HULLIE M 7806 NW 7 AVE. MIAMI FL 33150</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SCOTT, HULLIE MAE				
STREET ADDRESS	7806 NW 7 AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BALLARD, ANDREA S.				
STREET ADDRESS	4101 N W 190TH STREET				
CITY-ST-ZIP	CAROL CITY FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	PRIDGEN, CATHERINE				
STREET ADDRESS	2841 NW 173RD TERR				
CITY-ST-ZIP	OPA-LOCKA FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BALLARD, CHRISTINE				
STREET ADDRESS	4101 N.W. 190 ST.				
CITY-ST-ZIP	OPA LOCKA FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ANDERSON, CHERYL S.				
STREET ADDRESS	3441 NW 173RD TERR				
CITY-ST-ZIP	OPA LOCKA FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ANDERSON, THOMAS				
STREET ADDRESS	3441 N W 173TH TERR				
CITY-ST-ZIP	CAROL CITY FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (1097)

14. I 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: *Hullie M Scott & Hullie M Scott*

3/23/98