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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733162

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/23/1975

4. FEI Number

59-1643377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCOTT, HULLIE MAE
STREET ADDRESS 7806 NW 7 AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BALLARD, ANDREA S.
STREET ADDRESS 4101 N W 190TH STREET
CITY-ST-ZIP CAROL CITY FL

TITLE TD ☐ DELETE

NAME PRIDGEN, CATHERINE
STREET ADDRESS 2841 NW 173RD TERR
CITY-ST-ZIP OPA-LOCKA FL

TITLE SD ☐ DELETE

NAME BALLARD, CHRISTINE
STREET ADDRESS 4101 N.W. 190 ST.
CITY-ST-ZIP OPA LOCKA FL

TITLE PD ☐ DELETE

NAME ANDERSON, CHERYL S.
STREET ADDRESS 3441 NW 173RD TERR
CITY-ST-ZIP OPA LOCKA FL

TITLE VD ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Hullie Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

Daytime Phone #

CR2E037 (11/98)