


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90214 025 ****61.25

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| DOCUMENT # 733162 |  |
| 1. Entity Name THE NEIGHBORHOOD OUTREACH, INC. | |

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|---|---|
| Principal Place of Business 13900 NW 7 AVE. MIAMI, FL 33168 | Mailing Address 13900 NW 7 AVE. MIAMI, FL 33168 |
|---|---|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04262004 Chg-NP CR2E037 (10/03)

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|---|--|--|
| 4. FEI Number 59-1643377 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent SCOTT, HULLIE M 7806 NW 7 AVE. MIAMI, FL 33150 | | 7. Name and Address of New Registered Agent Name SCOTT, HULLIE M. Street Address (P.O. Box Number is Not Acceptable) 13900 N.W. 7th AV City MIAMI FL Zip Code 33168 | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hullie Scott DATE Apr 26, 04

Signature, typed or printed name of registered agent and (too if applicable). (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCOTT, HULLIE MAE 13900 NW 7 AVE. MIAMI, FL 33168 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BALLARD, ANDREA S. 4101 N W 190TH STREET CAROL CITY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRIDGEN, CATHERINE 2841 NW 173RD TERR OPA-LOCKA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BALLARD, CHRISTINE 4101 N.W. 190 ST. OPA LOCKA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, CHERYL S. 3441 NW 173RD TERR OPA LOCKA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANDERSON, THOMAS 3441 N W 173TH TERR CAROL CITY, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hullie Scott DATE Apr 26, 04 305 623 3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR