


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-1643377**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCOTT, HULLIE M**  
**13900 NW 7TH VE**  
**MIAMI, FL 33168**

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

8. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCOTT, HULLIE MAE 13900 NW 7 AVE. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, ANDREA S. 4101 N W 190TH STREET MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIDGEN, CATHERINE 2841 NW 173RD TERR MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROZIER -BALLARD, CHRISTINE 17400 NW 46TH AVENUE MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ANDERSON, CHERYL S. 3441 NW 173RD TERR MIAMI GARDENS, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ANDERSON, THOMAS 3441 N W 173TH TERR MIAMI GARDENS, FL 33055

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U00000501021  
 04/25/06-80045-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Mae Scott*      **03-28-06 305 953 9991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #