

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90461 001 \*\*\*\*\*8.75  
03-05-2003 90461 002 \*\*\*\*\*61.25

**DOCUMENT # 733162**

1. Entity 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

**13900 NW 7 ave**

3. Mailing Address

**13900 NW 7 ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number **59-1643377**

Applied For

Not Applicable

Zip

**33168**

Country

**USA**

Zip

**33168**

Country

**USA**

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

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

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SCOTT, HULLIE MAE**  
STREET ADDRESS **7806 NW 7 AVE 13900 NW 7 AVE**  
CITY-ST-ZIP **MIAMI FL 33168**

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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **DR HULLIE M SCOTT**

CR2E037 (10/02)