


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 762751 1. Entity Name NEIGHBORHOOD HOUSING AND DEVELOPMENT CORPORATION	
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Principal Place of Business 633 NW 8TH AVENUE GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 2608 GAINESVILLE FL 32602-2608 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number 59-2203965	

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHROEDER, NICK
4010 NEWBERRY ROAD
SUITE D
GAINESVILLE FL 32607**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	
TITLE	D <input type="checkbox"/> Delete LUCAS, MICHAEL D. 10949 NW 32ND PLACE GAINESVILLE FL 32606
NAME	S <input type="checkbox"/> Delete WISE, ANDREW J MR. 2918 NE 18 WY GAINESVILLE FL 32609
STREET ADDRESS	P <input type="checkbox"/> Delete SMITH, MARC T DR. 4230 NW 55TH WAY GAINESVILLE FL 32606
CITY - ST - ZIP	VP <input type="checkbox"/> Delete JOHNSON, ROBERT S MR. 2221 NW 3RD PLACE GAINESVILLE FL 32603
TITLE	D <input type="checkbox"/> Delete HERKALO, DAVID L MR. 3621 NW 104TH DRIVE GAINESVILLE FL 32606
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000313046 <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	04/18/05-80109-009 70.00
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Herkalo **DAVID HERKALO** 4-12-05 380-9119 ³⁵²

Date Daytime Phone #