## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000004446

Title:

Name:

Address:

City-St-Zip:

Entity Name: NEIGHBOR TO FAMILY, INC.

FILED Feb 09, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 150 S PALMETTO AVENUE SUITE 200 DAYTONA BEACH, FL 32114 US **New Mailing Address: Current Mailing Address:** 150 S PALMETTO AVENUE SUITE 200 DAYTONA BEACH, FL 32114 US FEI Number: 36-4354882 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, GORDON 150 S PALMETTO AVENUE SUITE 200 DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition INGEMUNSON, DALLAS Name: Name: 226 S. BRIDGE STREET Address: Address: City-St-Zip: YORKVILLE, IL 60560 City-St-Zip: Title: **PCEO** () Delete Title: () Change () Addition JOHNSON, GORDON Name: Name: Address: 150 S PALMETTO AVENUE Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: **VFFP** () Delete Title: () Change () Addition BIRO, GAIL Name: Name: 150 S PALMETTO AVENUE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BURNS, SHERRY Name: 4 BROADCAST PLACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GORDON JOHNSON PCEO 02/09/2005

() Delete

NEW SMYRNA BEACH, FL 32170

FORD, FRANCES R

P.O. BOX 425

() Change () Addition