# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004 8:00 am**
**Secretary of State**
04-12-2004 90318 035 ****61.25

DOCUMENT # F03000003899

1. Entity Name
NEIGHBORHOOD STABILIZATION FUND, INC.

66415027

| Principal Place of Business | Mailing Address |
|---|---|
| 3607 WASHINGTON STREET<br>JAMAICA PLAIN, MA 02130 | 3607 WASHINGTON STREET<br>JAMAICA PLAIN, MA 02130 |

04072004 Chg-NP CR2E037 (10/03)

| 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 04-3249517 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MARKS, JEFFREY B<br>3000-8 HARTLEY ROAD<br>JACKSONVILLE, FL 32257 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PC<br>MARKS, BRUCE<br>3607 WASHINGTON STREET<br>JAMAICA PLAIN, MA 02130 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PREDISENT, DIRECTOR<br>MARKS, BRUCE<br>3607 WASHINGTON ST.<br>JAMAICA PLAIN, MA 02130 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPVC<br>BAZELY, JOYCE<br>21-23 OLIVER STREET<br>MALDEN, MA 02148 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PRUSSMAN, MARY<br>320 LOWER COUNTRY ROAD<br>DENNISPORT, MA 02639 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CLERK, DIRECTOR<br>PRUSSMAN, MARY<br>320 LOWER COUNTY RD.<br>DENNISPORT, MA 02639 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>AMAO, CARMEN<br>17 FULLER STREET<br>DORCHESTER, MA 02124 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER, DIRECTOR<br>AMAO, CARMEN<br>5508 RED BONE LN.<br>ORLANDO, FL 32810 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 4/20/04 6172501222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #