# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# F03000003899

**Entity Name:** NEIGHBORHOOD STABILIZATION FUND, INC.

**Current Principal Place of Business:**

3607 WASHINGTON STREET
JAMAICA PLAIN, MA 02130

**New Principal Place of Business:**

**Current Mailing Address:**

3607 WASHINGTON STREET
JAMAICA PLAIN, MA 02130

**New Mailing Address:**

**FEI Number: 04-3249517** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: MARKS, BRUCE
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: TD ( ) Delete
Name: PRUSSMAN, MARY
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: D ( ) Delete
Name: AMAO, CARMEN
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: D ( ) Delete
Name: KELLEHER, RICHARD
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

Title: S ( ) Delete
Name: LANDRAU-PIRAZZI, MARISSA
Address: 3607 WASHINGTON STREET
City-St-Zip: JAMAICA PLAIN, MA 02130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: BRUCE MARKS P 01/14/2009

Electronic Signature of Signing Officer or Director — Date