

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000350

FILED
Mar 05, 2007
Secretary of State

Entity Name: HI NEIGHBOR NEWSLETTER, INC.

Current Principal Place of Business:

10110 S.E. 178TH PLACE
SUMMERFIELD, FL 34491

New Principal Place of Business:

17352 SE 98TH CIRCLE
SUMMERFIELD, FL 34491

Current Mailing Address:

10110 S.E. 178TH PLACE
SUMMERFIELD, FL 34491

New Mailing Address:

17352 SE 98TH CIRCLE
SUMMERFIELD, FL 34491

FEI Number: 59-3681640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, RALPH T
10110 S.E. 178TH PLACE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

JOHNSTON, RALPH T
17352 SE 98TH CIRCLE
SUMMERFIELD, FL 34491 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:

03/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EALY, RAY
Address: 17840 S.E. 100TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: S () Delete
Name: DREYER, GAIL
Address: 9541 SE 173RD LANE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: RODKEY, MERLE
Address: 10173 SE 176TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: JOHNSTON, RALPH
Address: 10110 SE 178TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: T () Delete
Name: DICKERSON, DIANE
Address: 17822 S.E. 107TH COURT
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: KERR, WAYNE
Address: 17973 S.E. 104TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34491

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: PD (X) Change () Addition
Name: JOHNSTON, RALPH
Address: 17352 SE 98TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491

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 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: DIANE DICKERSON

T

03/05/2007

Electronic Signature of Signing Officer or Director

Date