2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000350

FILED Mar 03, 2008 Secretary of State

Entity Name: HI NEIGHBOR NEWSLETTER, INC.

	rincipal Place of Business	::	New Principal Pla	ice of Business:
	98TH CIRCLE FIELD, FL 34491			
Current N	lailing Address:		New Mailing Add	ress:
	98TH CIRCLE FIELD, FL 34491			
FEI Number	: 59-3681640 FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Regi	stered Agent:	Name and Addres	s of New Registered Agent:
17352 SE	DN, RALPH T 98TH CIRCLE FIELD, FL 34491 US			
	e named entity submits this s e of Florida.	tatement for the p	ourpose of changing its regist	ered office or registered agent, or bot
SIGNATU	RE:			
	Electronic Signature	of Registered Age	ent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address:	VP (X) Delete EALY, RAY 17840 S.E. 100TH TERRACE SUMMERFIELD, FL 34491		Title: Name: Address: City-St-Zip:	() Change () Addition
Jity-St-∠ip:	,			
City-St-Zip: Title: Name: Address: City-St-Zip:	S () Delete DREYER, GAIL 9541 SE 173RD LANE SUMMERFIELD, FL 34491		Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address:	S () Delete DREYER, GAIL 9541 SE 173RD LANE		Name: Address:	() Change () Addition () Change () Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S () Delete DREYER, GAIL 9541 SE 173RD LANE SUMMERFIELD, FL 34491 D () Delete RODKEY, MERLE 10173 SE 176TH PLACE		Name: Address: City-St-Zip: Title: Name: Address:	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	S () Delete DREYER, GAIL 9541 SE 173RD LANE SUMMERFIELD, FL 34491 D () Delete RODKEY, MERLE 10173 SE 176TH PLACE SUMMERFIELD, FL 34491 PD () Delete JOHNSTON, RALPH 17352 SE 98TH CIRCLE		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition

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: DIANE DICKERSON T 03/03/2008