FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90245 026 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002518

1. Entity Name
NEIGHBORS GIVING THANKS, INC.

94075225

Principal Place of Business	Mailing Address
12805 SW 84TH AVE RD MIAMI, FL 33156	12805 SW 84TH AVE RD MIAMI, FL 33156

04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1706319
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TELISMAN, ALAN
12805 SW 84TH AVE. RD
MIAMI, FL 33156

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TELISMAN, ALAN ESQ.
STREET ADDRESS	12805 SW 84TH AVE. RD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VD
NAME	GROSS, HOWARD ESQ.
STREET ADDRESS	12805 SW 84TH AVE. RD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SIMON, DAVID
STREET ADDRESS	8925 SW 148TH STREET, SUITE 218
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #