

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002518**

1. Entity Name  
**NEIGHBORS GIVING THANKS, INC.**



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

Mailing Address  
**12805 SW 84TH AVE RD  
MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000344426  
04/29/05-80136-003 61.25**

**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	

**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)(f), 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 fee empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/05 305 255-6300**