

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002518 1. Entity Name NEIGHBORS GIVING THANKS, INC.	
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Principal Place of Business 12805 SW 84TH AVE RD MIAMI, FL 33156	Mailing Address 12805 SW 84TH AVE RD MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



04102006 No Chg-NP CR2E037 (11/05)

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, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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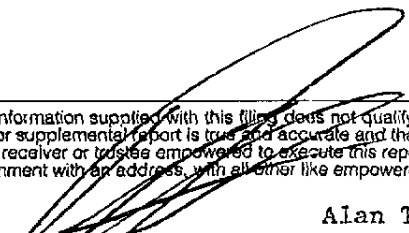
10. OFFICERS AND DIRECTORS

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

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04/27/06-80034-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Alan Telisman** **4/10/06** **305 255-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #