


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**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



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1706319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_  
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000750753 05/18/07-80077-005 361.25
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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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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: 	Howard P. Gross	4/20/2007	305 255-6300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>