2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002584

FILED Apr 25, 2006 Secretary of State

Entity Name: NEIGHBORS COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ST THOMAS UNIVERSITY CITY OF OPA LOCKA BUILDING MIAMI, FL 33054 US

FISHERMAN STREET OPA LOCKA, FL 33054 US

Current Mailing Address: New Mailing Address:

2950 NW 164 TERR 2950 NW 164 TERR

MIAMI, FL 33054 MIAMI GARDENS, FL 33054 US

FEI Number: 65-0984279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CLEAR, CAROLYN CLEAR, CAROLYN 15620 NW 28TH PLACE 15620 NW 28TH PLACE

MIAMI GARDENS, FL 33054 US OPA-LOCKA, FL 33054 US

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.

SIGNATURE: CAROLYN CLEAR 04/25/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JOHNSON, PRISCILLA JOHNSON, PRISCILLA Name: Name: 2950 NW 164 TERR Address: 2950 NW 164 TERR Address: City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

Title: () Delete Title: (X) Change () Addition CLEAR, CAROLYN Name: CLEAR, CAROLYN Name: Address: 15620 NW 28 PLACE Address: 15620 NW 28 PLACE

City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

Title: () Delete Title: (X) Change () Addition CLINCH, GEORGE CLINCH, GEORGE Name: Name:

15701 NW 32 AVE Address: Address: 15701 NW 32 AVE City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

Title: () Delete Title:

(X) Change () Addition Name: CLINCH, FANNIE Name: CLINCH, FANNIE

15701 NW 32 AVE Address: Address: 15701 NW 32 AVE

City-St-Zip: OPA-LOCKA, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN CLEAR D 04/25/2006