

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002584

FILED
Mar 29, 2009
Secretary of State

Entity Name: NEIGHBORS COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

CITY OF OPA LOCKA BUILDING
FISHERMAN STREET
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

2950 NW 164 TERR
MIAMI GARDENS, FL 33054 US

New Mailing Address:

FEI Number: 65-0984279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLEAR, CAROLYN
15620 NW 28TH PLACE
MIAMI GARDENS, FL 33054 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, PRISCILLA
Address: 2950 NW 164 TERR
City-St-Zip: MIAMI GARDENS, FL 33054

Title: O () Delete
Name: CLEAR, CAROLYN
Address: 15620 NW 28 PLACE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: O () Delete
Name: MOBLEY, RUBY
Address: 3110 NW 164 STREET
City-St-Zip: MIAMI GARDENS, FL 33054

Title: O () Delete
Name: SWEETING, IRENE
Address: 3111 NW 156 STREET
City-St-Zip: MIAMI GARDENS, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

O

03/29/2009

Electronic Signature of Signing Officer or Director

Date