


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90007 018 ****61.25

DOCUMENT # N02000005516	
1. Entity Name NEIGHBORHOOD FAMILY SERVICE CLIENTS ONLY INC.	

Principal Place of Business 1251 NW 36 ST. MIAMI, FL 33142	Mailing Address 1251 NW 36 ST. MIAMI, FL 33142
--	--

44043433



2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc. SAME AS ABOVE		Suite, Apt. #, etc. SAME AS ABOVE	
City & State SAME AS ABOVE		City & State SAME AS ABOVE	
Zip 33142	Country DADE	Zip 33142	Country DADE

07012004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent FERGUSON, GILFREAD J 950 NW 95 ST. MIAMI, FL 33150	
--	--

7. Name and Address of New Registered Agent	
Name CARRIE THOMPSON	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 1260 NW 95 ST.	
City MIAMI, FL 33147	Zip Code 33147

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 **CARRIE THOMPSON** DATE **JULY 16, 2004**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYPE, ELETHER 1840 NW 47 ST. MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CARRIE 1260 NW 95 ST. MIAMI FL 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIMEAE 860 NW 74 ST. MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDELAND, SYLVESTER 490 NE 2ND AVE # 1409 MIAMI, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, RUTH 253 NW 46 ST. MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LOIS 2080 NW 9TH CT. MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, GILFREAD 950 NW 95 ST., #210 MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Carrie Thompson Carrie Thompson** DATE **7-16-04** DAYTIME PHONE # **(305) 635-0003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR