

2005 NOT-OR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N020Q0005516

1. Entity Name
NEIGHBORHOOD FAMILY SERVICE CLIENTS ONLY INC.



Principal Place of Business
1251 NW 36TH STREET
MIAMI, FL 33142

Mailing Address
1251 NW 36TH STREET
MIAMI, FL 33142



04082005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2064526

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CARRIE
1260 NW 95TH STREET
MIAMI, FL 33147

**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

Carrie Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-8-5

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, CARRIE
STREET ADDRESS	1260 NW 95TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	COPELAND, SYLVESTER
STREET ADDRESS	490 NE 2ND AVE #1408
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	BLACK, RUTH
STREET ADDRESS	253 NW 46TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	SMITH, LOIS
STREET ADDRESS	20807 NW 9TH CT
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000305360
04/14/05-80079-012 61.25

U00000305360
04/14/05-80079-013 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-5

Date

Daytime Phone #