

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 15, 2006 8:00 am  
Secretary of State**

**DOCUMENT # N02000005516**

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

2. Principal Place of Business  
**7505 NE 2nd Ave.**

Suite, Apt. #, etc.

3. Mailing Address  
**7505 NE 2nd Ave.**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip  
33138

Country  
USA

City & State

**Miami, FL**

Zip  
33138

Country  
USA

01252006 Chg-NP CR2E037 (11/05)

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

**7. Name and Address of New Registered Agent**

Name **Thompson, Carrie**

Street Address (P.O. Box Number is Not Acceptable)

**1260 NW 95th St. # 308**

City **Miami** FL Zip Code

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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 D  
NAME THOMPSON, CARRIE  
STREET ADDRESS 1260 NW 95TH STREET  
CITY-ST-ZIP MIAMI, FL 33147

Delete

TITLE D  
NAME COPELAND, SYLVESTER  
STREET ADDRESS 490 NE 2ND AVE #1409  
CITY-ST-ZIP MIAMI, FL 33132

Delete

TITLE D  
NAME BLACK, RUTH  
STREET ADDRESS 253 NW 46TH STREET  
CITY-ST-ZIP MIAMI, FL 33127

Delete

TITLE D  
NAME SMITH, LOIS  
STREET ADDRESS 20807 NW 9TH CT  
CITY-ST-ZIP MIAMI, FL 33169

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: Carrie Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-6 (305)693-1330  
Date Dev'te Phone #