

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90279 001 \*\*\*\*61.25

04-21-2008 90279 002 \*\*\*\*\*8.75

<b>DOCUMENT # N02000005516</b> 1. Entity Name NEIGHBORHOOD FAMILY SERVICE CLIENTS ONLY INC.					
Principal Place of Business 7505 NE 2ND AVE MIAMI, FL 33138			Mailing Address 7505 NE 2ND AVE MIAMI, FL 33138		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2064526</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMPSON, CARRIE</b> <b>1260 NW 95TH ST 308</b> <b>MIAMI, FL 33147</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CARRIE 1260 NW 95TH STREET MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernestine Brown-Ray 1167 NW 98 Street Miami, FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, SYLVESTER 490 NE 2ND AVE #1409 MIAMI, FL 33132	<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	D SMITH, LOIS 20807 NW 9TH CT MIAMI, FL 33189	<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	
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 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: <u>Carrie Thompson</u>			5-18-8		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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66010994



04102008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

FL Zip Code

☐ Change ☐ Addition

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ATTACHMENT  
66010994

May 18, 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Subject: Neighborhood Family services clients only, Inc.

Reference Number: N02000005516

As per your communication, attached is the corrected annual report / uniform business report signed by an officer / director of the corporation. Please do not hesitate to contact the undersigned officer by mail or telephone at (305) 759-5262 if additional information is required.

Sincerely,

Carrie Thompson

*Carrie Thompson*

Attachment