

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005516

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** NEIGHBORHOOD FAMILY SERVICE CLIENTS ONLY INC.

**Current Principal Place of Business:**

7505 NE 2ND AVE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

7505 NE 2ND AVE  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 54-2064526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMPSON, CARRIE  
1260 MW 95TH ST 308  
MIAMI, FL 33147 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: THOMPSON, CARRIE  
Address: 1260 NW 95TH STREET  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: SMITH, LOIS  
Address: 20807 NW 9TH CT  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: BROWN-RAY, ERNESTINE  
Address: 1167 NE 58 ST  
City-St-Zip: MIAMI, FL 33147

**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:

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: CARRIE THOMPSON

PRES

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date