

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009103

FILED
May 07, 2005
Secretary of State

Entity Name: NEIGHBORHOODS UNITED FOR A BETTER ALACHUA, INC.

Current Principal Place of Business:

15319 NW 140TH ST
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

15319 NW 140TH ST
ALACHUA, FL 32615

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CANNEY, CONSTANCE M
15319 NW 140TH ST
ALACHUA, FL 32615 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: SC () Delete
Name: LOUIS, WASHINGTON
Address: PO BOX 1854
City-St-Zip: ALACHUA, FL 32616

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SC (X) Change () Addition
Name: WASHINGTON, LOUIS
Address: PO BOX 1854
City-St-Zip: ALACHUA, FL 32616

Title: SC () Change (X) Addition
Name: WASHINGTON, JERRY
Address: PO BOX 393
City-St-Zip: ALACHUA, FL 32616

Title: SC () Change (X) Addition
Name: CANNEY, MICHAEL
Address: PO BOX 1986
City-St-Zip: ALACHUA, FL 32616

Title: SC () Change (X) Addition
Name: THOMAS, CAROL
Address: PO BOX 190
City-St-Zip: ALACHUA, FL 23616

Title: SC () Change (X) Addition
Name: MERRICKS, LEE
Address: PO BOX 1237
City-St-Zip: ALACHUA, FL 32616

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONSTANCE M. CANNEY

RA

05/07/2005

Electronic Signature of Signing Officer or Director

Date