

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90005 022 \*\*\*\*70.00

<b>DOCUMENT # N03000009103</b> 1. Entity Name NEIGHBORHOODS UNITED FOR A BETTER ALACHUA, INC.					
Principal Place of Business 15319 NW 140TH ST ALACHUA, FL 32615			Mailing Address PO BOX 1629 ALACHUA, FL 32616		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CANNEY, CONSTANCE M 15319 NW 140TH ST ALACHUA, FL 32615			Name Street Address (P.O. Box Number is Not Acceptable) City		
			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, LOUIS		NAME	MARGARET TILLMAN	
STREET ADDRESS	PO BOX 1854		STREET ADDRESS	PO BOX 512	
CITY-ST-ZIP	ALACHUA, FL 32616		CITY-ST-ZIP	ALACHUA, FL 32616	
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JERRY		NAME		
STREET ADDRESS	PO BOX 393		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32616		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNEY, MICHAEL		NAME		
STREET ADDRESS	PO BOX 1986		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32616		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CAROL		NAME		
STREET ADDRESS	PO BOX 190		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32616		CITY-ST-ZIP		
TITLE	SC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRICKS, LEE		NAME		
STREET ADDRESS	PO BOX 1237		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32616		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Carol W Thomas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9/10/07 386-418-3791 Date Daytime Phone #		