

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005267

FILED
Apr 30, 2007
Secretary of State

Entity Name: GOOD NEIGHBOR PROGRAM INC.

Current Principal Place of Business:

16042 HORIZON CT.
CLERMONT, FL 34711

New Principal Place of Business:

8647 SPYGLASS LOOP
CLERMONT, FL 34711

Current Mailing Address:

16042 HORIZON CT.
CLERMONT, FL 34711

New Mailing Address:

8647 SPYGLASS LOOP
CLERMONT, FL 34711

FEI Number: 55-0887415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARVIS, JOHN W
16042 HORIZON CT.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

GARVIS, JOHN W
8647 SPYGLASS LOOP
CLERMONT, FL 34711 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: F () Delete
Name: GARVIS, DIANNE S
Address: 16042 HORIZON CT
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: GARVIS, JOHN W
Address: 16042 HORIZON CT.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: ARNOLD, STEVE
Address: 2113 WINTERSET RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Delete
Name: SIEGENTHALER, WILLIAM
Address: 1640 EAST ST.
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: MADISON, PAUL C
Address: 20236 SPARKMAN LANE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: F (X) Change () Addition
Name: GARVIS, DIANNE S
Address: 8647 SPYGLASS LOOP
City-St-Zip: CLERMONT, FL 34711

Title: P (X) Change () Addition
Name: GARVIS, JOHN W
Address: 8647 SPYGLASS LOOP
City-St-Zip: CLERMONT, FL 34711

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: JOHN GARVIS

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date