

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011605 1. Entity Name HARLEM MCBRIDE AND N.E. 43RD STREET NEIGHBORHOOD ASSOCIATION OF OAKLAND PARK, INC.	
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Principal Place of Business 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334	Mailing Address 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334
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FILED
 07 MAY 24 AM 7:56
 DIVISION OF STATE
 ALI AFFAIRS, FLORIDA


05-08-07-01011-004 \$78.75
 05182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2071988	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, SAUNDRA
 411 NORTHEAST 33RD STREET
 OAKLAND PARK, FL 33334

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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 reinstating) _____ DATE _____

Filing Fee is \$61.25
 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EDWARDS, SAUNDRA
STREET ADDRESS	411 NORTHEAST 33RD STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VPD
NAME	MCGAULEY, ANNIE
STREET ADDRESS	3441 N.E. 5TH AVENUE
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VPD
NAME	COOPER, JEREMIAH
STREET ADDRESS	760 N.E. 43RD STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	T
NAME	POOLE, AUDREY
STREET ADDRESS	212 N.E. 35TH CT
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	S
NAME	THOMPSON, OCTAVIA
STREET ADDRESS	335 N.E. 34TH ST
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	ASD
NAME	FULLER, MARILYN C
STREET ADDRESS	631 N.E. 43RD STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334

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\$75/24

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: Saundra Edwards Saundra Edwards 18 May 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #