


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011605	
1. Entity Name HARLEM MCBRIDE AND N.E. 43RD STREET NEIGHBORHOOD ASSOCIATION OF OAKLAND PARK, INC.	

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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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2071988	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

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

U00000942834
05/23/08-80037-007 70.00

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

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IN THIS SPACE**

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* 29 Apr 08