

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001811	
1. Entity Name NEIGHBORHOOD YOUTH GROUP, INC.	
Principal Place of Business 860 NW 74 ST. MIAMI, FL 33150	Mailing Address 860 NW 74 ST MIAMI, FL 33150



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0072985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COVERSON, T L
9999 NE 2 AVE STE 218
MIAMI SHORES, FL

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000760033
05/25/07-80022-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVIS, SHONDA
STREET ADDRESS	6600 NW 8 AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	DS
NAME	BUTLER, RUTHIA
STREET ADDRESS	1120 NW 49 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	DT
NAME	WILLIAMS, TERRENCE
STREET ADDRESS	1970 NW 5 PL
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Shonda Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-07

Date

786-269 5596

Daytime Phone #