2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N05000011068

Entity Name: SAVE OUR NEIGHBORHOOD, INC.

Current Principal Place of Business:

2121 COLLIER AVENUE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2121 COLLIER AVENUE
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 13-4313357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATHLEEN, MCGIVERON
2121 COLLIER AVENUE
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCGIVERON, KATHLEEN
Address: 2121 COLLIER AVENUE
City-St-Zip: LAKE WORTH, FL 33461

Title: T ( ) Delete
Name: MARCHAL-CIOCI, JENNIFER
Address: 2217 COLLIER AVENUE
City-St-Zip: LAKE WORTH, FL 33461

Title: M ( ) Delete
Name: ANDERSON, LYNN
Address: 2204 LAKE OSBORNE DRIVE, #21
City-St-Zip: LAKE WORTH, FL 33461

Title: M ( ) Delete
Name: ANDERSON, BETTY
Address: 3120 CYNTHIA LANE, #19-204
City-St-Zip: LAKE WORTH, FL 33461

Title: M ( ) Delete
Name: LABRECQUE, MARY BETH
Address: 513 SOUTH L STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: ANDERSON, LYNN
Address: 2204 LAKE OSBORNE DR #21
City-St-Zip: LAKE WORTH, FL 33461

Title: M (X) Change ( ) Addition
Name: MARCHAL-CIOCI, JENNIFER
Address: 2217 COLLIER AVENUE
City-St-Zip: LAKE WORTH, FL 33461

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: LYNN ANDERSON T 04/01/2008

Electronic Signature of Signing Officer or Director — Date