

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011463

1. Entity Name
NEIGHBOR TO FAMILY, INC.



Principal Place of Business
220 S RIDGEWOOD AVE SUITE 260
DAYTONA BEACH, FL 32114-4318

Mailing Address
220 S RIDGEWOOD AVE SUITE 260
DAYTONA BEACH, FL 32114-4318



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4354882
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GORDON
220 S RIDGEWOOD AVE SUITE 260
DAYTONA BEACH, FL 32114-4318

**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 reinstalling)

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

U000000858249
04/01/08-80037-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	INGEMUNSON, DALLAS CHAIR
STREET ADDRESS	220 S RIDGEWOOD AVE SUITE 260
CITY-ST-ZIP	DAYTONA BEACH, FL 32114-4318
TITLE	D
NAME	JOHNSON, GORDON CEO
STREET ADDRESS	220 S RIDGEWOOD AVE SUITE 260
CITY-ST-ZIP	DAYTONA BEACH, FL 32114-4318
TITLE	D
NAME	KLEIN, LINDA SECY
STREET ADDRESS	220 S RIDGEWOOD AVE SUITE 260
CITY-ST-ZIP	DAYTONA BEACH, FL 32114-4318
TITLE	D
NAME	DIXON, TERRANCE VC FIN
STREET ADDRESS	220 S RIDGEWOOD AVE SUITE 260
CITY-ST-ZIP	DAYTONA BEACH, FL 32114-4318
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon Johnson

3/12/08

Date

386-523-1440

Daytime Phone #