


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90005 050 \*\*\*\*61.25

<b>DOCUMENT # N07000000516</b> 1. Entity Name <b>NEIGHBORS HELPING NEIGHBORS OF OSCEOLA, INC.</b>					
Principal Place of Business <b>420 3RD ST. KENANSVILLE, FL 34739</b>			Mailing Address <b>420 3RD ST. KENANSVILLE, FL 34739</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P O Box 15</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>KENANSVILLE, FL</b>		4. FEI Number <b>EIN 77-0668550</b>	
Zip		Zip <b>34739</b>		Country <b>USA (OSCEOLA)</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VALLEY, LOIS 420 3RD ST. KENANSVILLE, FL 34739</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Lois Valley, PRES.</i></u> <span style="float: right;">2-11-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLEY, LOIS 420 3RD ST. KENANSVILLE, FL 34739	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ESTER 1370 LAKE MARION RD. KENANSVILLE, FL 34739	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBURN, CHARLES PASTOR 320 1ST AVE KENANSVILLE, FL 34739	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ESTER 1370 LAKE MARION RD. KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBURN, CHARLES (PASTOR) 125 N. MYRTLE DRIVE KENANSVILLE, FL 34739	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ESTER 1370 LAKE MARION RD. KENANSVILLE, FL 34739	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBURN, CHARLES (PASTOR) 125 N. MYRTLE DRIVE KENANSVILLE, FL 34739	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Lois Valley, PRES.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-11-08 <span style="float: right;">321-288-5560</span> <small>Date Daytime Phone #</small>	