

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000002129

Entity Name: NEIGHBORS 2 NEIGHBORS, INC.

Current Principal Place of Business:

1208 ERROL PKWY
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1208 ERROL PKWY
APOPKA, FL 32712

New Mailing Address:

FEI Number: 33-1164826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILL, KATHY S
1208 ERROL PKWY
APOPKA, FL 32712 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: D () Delete
Name: TILL, KATHY S
Address: 1208 ERROL PKWY
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: TILL, LARRY
Address: 1208 ERROL PKWY
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: TILL, SONYA
Address: 3375 SPRING HILL PKWY #1034
City-St-Zip: SMYRA, GA 30080

Title: D () Delete
Name: SAMPEY, DERRY
Address: 1208 DEER LAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: FLETCHER, MARCIA
Address: 135 NORTH ATLAS
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATHY S. TILL

ED

04/30/2008

Electronic Signature of Signing Officer or Director

Date