

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 21, 2012
Secretary of State

DOCUMENT# N08000007005

Entity Name: ALLIANCE FOR NEIGHBORS, INC.**Current Principal Place of Business:**737 TEAL LANE
ALTAMONTE SPRINGS, FL 32701 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 160096
ALTAMONTE SPRINGS, FL 32716 US**New Mailing Address:****FEI Number:** 26-3047816**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STEIN, MICHAEL S
737 TEAL LANE
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**CANO, PHILLIP MD, PHD
C/O 737 TEAL LANE
ALTAMONTE SPRINGS, FL 32701 US

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: PHILLIP CANO, MD, PHD

02/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CANO, PHILLIP MD, PHD
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D
Name: VALAZQUEZ, AURORA NBCT
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: D
Name: CRANE, NORMAN E MD
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: D
Name: MARCI, ROSEN NBCT
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: D
Name: DONNA, ANDERS NBCT
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

Title: D
Name: REARDON, JAMES MAJ-RET
Address: PO BOX 160096
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

I hereby 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 all other like empowered.

SIGNATURE: PHILLIP CANO, MD

D

02/21/2012

Electronic Signature of Signing Officer or Director

Date