

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90053 033 ****70.00

DOCUMENT # N43544

1. Entity Name
THE UNITED NEIGHBORS OF SOUTH HOLLYWOOD, INC.



Principal Place of Business
**MCNICHOL COMMUNITY CENTER
1411 S 28TH AVENUE
HOLLYWOOD, FL 33020 US**

Mailing Address
**C/O ANDRE BROWN
2316 MAYO STREET
HOLLYWOOD, FL 33020 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0294919

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, ANDRE
2316 MAYO STREET
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BROWN, ANDRE**
STREET ADDRESS **2316 MAYO STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE VP ☐ Delete
NAME **JACKSON, MARIA**
STREET ADDRESS **2305 FLETCHER STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE T ☒ Delete
NAME **LINCOFF, MARK D**
STREET ADDRESS **1316 S 28TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MARK LINCOFF**
STREET ADDRESS **NO LONGER AN**
CITY-ST-ZIP **OFFICER, ELECTED-see below**

TITLE ☒ Change ☐ Addition
NAME **PATRICIA E. MAYNARD**
STREET ADDRESS **1025 S 26 AVE**
CITY-ST-ZIP **HOLLYWOOD-FLA 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 line empowered.

SIGNATURE:

Andre Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE BROWN

Date

Daytime Phone #

1-12-08 984-245-9238