## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 28, 2008 8:00 am Secretary of State

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1. Entity Nar	JMENT # N4 NEDA SOCIETY,								07-28-200	_			
BROWARD C 100 SOUTH	ce of Business COUNTY LIBRARY-DIRE ANDREWS AVENUE ERDALE, FL 33301	CTOR'S OFF.			33062	US			) 45369 Minimum			\$1  \$  Of 189;	
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing A	. Mailing Address									
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				07102008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State					4. FEI Numbe 65-042		····	<del>  </del>	pplied For lot Applicable	
Zip	Coun	try	Zip		Cou	ntry		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad Fee Require	ditional	
	6. Name and Add	ress of Current R	Registered Ag	ent				7. Name and	Address of Nev	w Registered	Agent		
	IDER, HARRIET					Name							
100 SOUT	D COUNTY LIBRATH ANDREWS AVI	ENUE	OR'S OFF.	OFF.			Street Address (P.O. Box Number is Not Acceptable)						
FORTLA	UDERDALE, FL 3	3301				City			<u></u>	FI	Zip Coc	ie	
8. The above the obligation	e named entity submits ttions of registered agen	this statement for at.	the purpose o	f changing its re	egistere	d office or	registere	ed agent, or bot	h, in the State of			, and accept	
SIGNATURE	Signature, typed or printed ner	ne of registered agent ar	nd little if applicable.	(NOTE:	Registered	Agent signature	re required	when reinstating)		DATE			
		1.25	<del></del> :	(NOTE:	paign Fir	nancing _		when reinstating) \$5.00 May Bo	e F	Make chec	ck payable t		
D	Signature, typed or printed ner Filling Fee is \$61 tue by September	1.25 12, 2008	9.	Election Camp	paign Fir	nancing _		\$5.00 May Bo Added to Fees	F	Make chec lorida Depa	rtment of S	tate	
<b>D</b>	Signature, typed or printed ner Filling Fee is \$61 ue by September	1.25	9. ECTORS	Election Camp Trust Fund Co	paign Firentribution	nancing _		\$5.00 May Bo Added to Fees	FINGES TO OFFI	Make chec lorida Depa	RECTORS IN	tate V 10	
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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 OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

3/08 785 - 834 Daytimo Phone #