SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **N51340** **(0)**

1. Corporation Name

NEIGHBORS HELPING NEIGHBORS, INC.

Principal Place of Business	Mailing Address
C/O WCIX-TV, CBS TELEVISION STATIONS 8900 N.W. 18TH TERRACE MIAMI FL 33172	C/O WCIX-TV, CBS TELEVISION STATIONS 8900 N.W. 18TH TERRACE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1992**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **65-0364391** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAKLAN, ALLEN
WCIX-TV, CBS TELEVISION STATIONS
8900 N.W. 18TH TERRACE
MIAMI FL 33123

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SHAKLAN, ALLEN	12 NAME		
STREET ADDRESS	8900 NW 18TH TERR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BLUM, BRIAN	22 NAME	BARBARA ERICKSON	
STREET ADDRESS	8900 NW 18TH TERR	23 STREET ADDRESS	10128 W. OAKLAND PK. BLVD.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	FT. LAUD, FL. 33315	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	RUBIO, NELLY	32 NAME		
STREET ADDRESS	8900 NW 18TH TERR	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	VD	☒ Change ☐ Addition
NAME	WEDDINGTON, DENNIS	42 NAME	CHUCK MALKUS	
STREET ADDRESS	4140 PETERS RD	43 STREET ADDRESS	4140 PETERS ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	TD	51 TITLE	TREASURER (TD)	☒ Change ☐ Addition
NAME	RECKARD, DAVE	52 NAME	PATRICK SCHULTZ	
STREET ADDRESS	4140 PETERS RD	53 STREET ADDRESS	8900 N.W. 18 TER	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	SD	61 TITLE	(SD)	☒ Change ☐ Addition
NAME	MALKUS, CHUCK	62 NAME	BARBARA WILLIAMS	
STREET ADDRESS	4140 PETERS RD	63 STREET ADDRESS	21200 SW 122 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	GOULDS, FL. 33170	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Nelly Rubio 6/14/95 (305) 471-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000180