

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51340** (0)

Corporation Name
NEIGHBORS 4 NEIGHBORS, INC.



Principal Place of Business C/O WFOR TV 8900 N.W. 18TH TERRACE MIAMI FL 33172 US	Mailing Address C/C WFOR TV 8900 N.W. 18TH TERRACE MIAMI FL 33172 US
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3. Date Incorporated or Qualified 10/16/1992	
4. FEI Number 65-0364391	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RUBIO, NELLY WFOR TV 8900 N.W. 18TH TERRACE MIAMI FL 33172	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 *Nelly Rubio* **Nelly Rubio** **4/24/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D SHAKLAN, ALLEN
STREET ADDRESS	8900 NW 18TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD COLE, MARY LOUISE
STREET ADDRESS	2202 SW 87 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	RD RUBIO, NELLY
STREET ADDRESS	8900 NW 18TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD MALKUS, CHUCK
STREET ADDRESS	4140 PETERS RD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	CTD SCHULTZ, PATRICK
STREET ADDRESS	8900 NW 18TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D WILLIAMS, BARBARA
STREET ADDRESS	8900 NW 18 TERR
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MATHIS, MIMMI
1.3 STREET ADDRESS	8900 NW 18 TERR.
1.4 CITY-ST-ZIP	MIAMI, FL.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PERICKSON, BARBARA
2.3 STREET ADDRESS	109 SE 16 AVENUE
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D HAGGLUND, NEAL
3.3 STREET ADDRESS	11212 SW 12th CT
3.4 CITY-ST-ZIP	MIAMI, FL. 33186
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D WEDDINGTON, DENNIS
4.3 STREET ADDRESS	351 NE 19th Place # K203
4.4 CITY-ST-ZIP	WILTON MANORS, FL. 33305
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SANDS, PINKY
5.3 STREET ADDRESS	3750 S. Dixie Hwy.
5.4 CITY-ST-ZIP	MIAMI, FL. 33133
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE: *Nelly Rubio* **NELLY RUBIO** **PRESIDENT** **5/21/98** **6057639-4436**

CR2E037 (1097)