2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N51340

Entity Name: NEIGHBORS 4 NEIGHBORS, INC.

Current Principal Place of Business:

C/O WFOR TV
8900 N.W. 18TH TERRACE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

C/C WFOR TV
8900 N.W. 18TH TERRACE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0364391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMERON, LYNNE
8900 N.W. 18TH TERRACE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FORSHEE, BILL	
Address:	220 MIRACLE	
City-St-Zip:	MIAMI, FL 33134	
Title:	P	( ) Delete
Name:	MALKUS, CHUCK	
Address:	2170 SE 17TH ST. CSWY	
City-St-Zip:	FT LAUDERDALE, FL 33172	
Title:	D	( ) Delete
Name:	COLE, MARY L	
Address:	22025 SW 87 AVE.	
City-St-Zip:	MIAMI, FL 33190	
Title:	V	( ) Delete
Name:	HIGH-BASSALIK, SHANNON	
Address:	8900 NW 18 TERR	
City-St-Zip:	MIAMI, FL 33172	
Title:	S	( ) Delete
Name:	WEDDINGTON, DENNIS	
Address:	1400 SW 43 TERRACE	
City-St-Zip:	FT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	BLEEMER, SUSAN	
Address:	780 NE 69 ST PH 5	
City-St-Zip:	MIAMI, FL 33172	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BOOK, RONALD	
Address:	2999 NE 191 STREET	
City-St-Zip:	AVENTURA, FL 33180	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNNE CAMERON RA 04/28/2008

Electronic Signature of Signing Officer or Director — Date