

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51340

FILED  
Mar 24, 2009  
Secretary of State

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/O 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: D ( ) Delete  
Name: BOOK, RONALD  
Address: 2999 NE 191 STREET  
City-St-Zip: AVENTURA, FL 33180

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: P (X) Change ( ) Addition  
Name: SOMMERS, MURIEL  
Address: 2121 NORTH BAYSHORE DRIVE, #806  
City-St-Zip: MIAMI, FL 33137 US

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: ( ) 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

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date