

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000012**

1. Entity Name

"LOVE THY NEIGHBOR" FUND, INC.



Principal Place of Business

1 NW 33RD TERRACE  
FORT LAUDERDALE FL 33311

Mailing Address

1 NW 33RD TERRACE  
FORT LAUDERDALE FL 33311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

16-0319908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, ARNOLD P  
1 NW 33RD TERRACE  
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ABBOTT, ARNOLD P  
STREET ADDRESS 6864 NW 25TH WAY  
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000440007  
CITY-ST-ZIP 03/02/06-00023-017 61.25

TITLE RSO ☐ Delete  
NAME WOELTJEN, KRISTINA  
STREET ADDRESS 3650 SW 23RD ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MACK, SUE  
STREET ADDRESS 6400 ARTHUR ST  
CITY-ST-ZIP HOLLYWOOD FL 33024

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BURKHART, WILLIAM  
STREET ADDRESS 1914 N E 19TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33305

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CSD ☐ Delete  
NAME WOELTJEN, KATHY  
STREET ADDRESS 3650 SW 23RD ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DAMSKY, DEBRA  
STREET ADDRESS 8086 N SAVANNAH CIRCLE  
CITY-ST-ZIP DAVIE FL 33312

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.