

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90026 030 \*\*\*\*61.25

DOCUMENT # N92000000012

1. Entity Name

"LOVE THY NEIGHBOR" FUND, INC.



Principal Place of Business

Mailing Address

~~1 NW 33RD TERRACE~~  
~~FORT LAUDERDALE FL 33311~~

~~1 NW 33RD TERRACE~~  
~~FORT LAUDERDALE FL 33311~~

2. Principal Place of Business - No P.O. Box #

1299 E. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6864 NW 25 Way

Suite, Apt. #, etc.

City & State

Oakland Park

City & State

Ft Lauderdale FL 33309

Zip

33334

Country

USA

Zip

33309

Country

USA

4. FEI Number

16-0319908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



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

Abbott, Arnold P.

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

1299 East Oakland Park Blvd.

City

Oakland Park

FL

Zip Code

33334

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABBOTT, ARNOLD P	
STREET ADDRESS	6864 NW 25TH WAY	
CITY- ST- ZIP	FT LAUDERDALE FL 33309	

TITLE	RSD	<input type="checkbox"/> Delete
NAME	WOELTJEN, KRISTINA	
STREET ADDRESS	3650 SW 23RD ST	
CITY- ST- ZIP	FORT LAUDERDALE FL 33312	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MACK, SUE	
STREET ADDRESS	6400 ARTHUR ST	
CITY- ST- ZIP	HOLLYWOOD FL 33024	

TITLE	D	<input type="checkbox"/> Delete
NAME	BURKHART, WILLIAM	
STREET ADDRESS	1914 N E 19TH ST	
CITY- ST- ZIP	FORT LAUDERDALE FL 33305	

TITLE	CSD	<input type="checkbox"/> Delete
NAME	WOELTJEN, KATHY	
STREET ADDRESS	3650 SW 23RD ST	
CITY- ST- ZIP	FORT LAUDERDALE FL 33312	

TITLE	VD	<input type="checkbox"/> Delete
NAME	DAMSKY, DEBRA	
STREET ADDRESS	8086 N SAVANNAH CIRCLE	
CITY- ST- ZIP	DAVIE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Arnold P. Abbott - ARNOLD P. ABBOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07 954-682-2303

Date

Daytime Phone #