

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 001 ****61.25

DOCUMENT # N92000000012

1. Entity Name

"LOVE THY NEIGHBOR" FUND, INC.



Principal Place of Business

1299 E. OAKLAND PARK BLVD
OAKLAND PARK FL 33334

Mailing Address

6864 NW 25 WAY
FORT LAUDERDALE FL 33309

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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
1299 EASK OAKLAND PARK BLVD
OAKLAND PARK FL 33334

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

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

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

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

TITLE ~~VD~~ ☒ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STEVE BERNSTEIN**
STREET ADDRESS **5400 BROCKEN SOUND PKWY, N.W.-B**
CITY-ST-ZIP **Boca Raton, FL. 33487**

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MELISSA WEAVER**
CITY-ST-ZIP **2000 South Ocean Lane #11**
Ft. Lauderdale, FL. 33316

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **VINCENT ENEA**
CITY-ST-ZIP **10388 NW 5th Ct.**
Coral Springs, FL 33071

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) 2-8-08 954-683-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #