2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000012

Entity Name: "LOVE THY NEIGHBOR" FUND, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1299 E. OAKLAND PARK BLVD OAKLAND PARK, FL 33334				920 N.W. 7TH AVENUE, FT. LAUDERDALE, FL 33311			
Current Mailing Address:				New Mailing Address:			
6864 NW 2 FORT LAU	5 WAY DERDALE, FL	. 33309					
FEI Number: 16-0319908 FEI Number Applied For () FEI N				mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ABBOTT, ARNOLD P 1299 EASK OAKLAND PARK BLVD OAKLAND PARK, FL 33334 US				ABBOTT, ARNOLD P 920 N.W. 7TH AVENUE, FT. LAUDERDALE, FL 33311 US			
The above in the State		submits this statement for the pr	urpose o	f changing i	ts registered o	ffice or register	red agent, or both,
SIGNATURE:				01/14/2009			
	Electron	ic Signature of Registered Age	nt			Date	_
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS	S AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () ABBOTT, ARNO 6864 NW 25TH FT LAUDERDAI	WAY		Title: Name: Address: City-St-Zip:	()	Change () Addit	tion
Title: Name: Address: City-St-Zip:	BERNSTEIN, S	SOUND PKWY NW-B		Title: Name: Address: City-St-Zip:	BERNSTEIN, S	SOUND PKWY N	
Title: Name: Address: City-St-Zip:	TD () MACK, SUE 6400 ARTHUR : HOLLYWOOD,			Title: Name: Address: City-St-Zip:	()	Change () Addit	tion
Title: Name: Address: City-St-Zip:	BURKHART, W 1914 N E 19TH			Title: Name: Address: City-St-Zip:	()	Change () Addit	tion
Title: Name: Address: City-St-Zip:	WEAVER, MEL 2000 SOUTH O	Delete SSA CEAN LANE # 11 DALE, FL 33316		Title: Name: Address: City-St-Zip:	()	Change () Addit	tion
Title: Name: Address: City-St-Zip:	D () ENEA, VINCEN 10388 NW 5TH POMPANO BEA	СТ		Title: Name: Address: City-St-Zip:	()	Change () Addit	tion

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: ARNOLD P. ABBOTT P 01/14/2009