


FILE NOW: FILING FEE IS \$61.25

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May 30 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001228 (5)**

1. Corporation Name

**NEIGHBORHOOD COMMUNITY ACTION CENTER, INC.**



Principal Place of Business <b>635 SYCAMORE ST. TITUSVILLE FL 32780</b>	Mailing Address <b>P.O. BOX 6394 TITUSVILLE FL 32782-6394</b>
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3. Date Incorporated or Qualified <b>03/07/1994</b>	3a. Date of Last Report <b>07/12/1996</b>
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2. Principal Place of Business <b>21 4 Main St.</b>	2a. Mailing Address <b>26 P.O. Box 6394</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Titusville Fl.</b>	City & State <b>28 Titusville</b>
Zip <b>24 32782</b>	Country <b>25</b>
Zip <b>29 32782</b>	Country <b>30 Fl.</b>

4. FEI Number <b>59-3055585</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LEWIS, MARY 1107 1ST AVENUE TITUSVILLE FL 32780</b>	
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 800002205548</b> <b>-06/09/97--01057--021</b> <b>84 City</b> <b>***70.00</b> <b>FL</b> <b>85 Zip Code</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mary Lewis DATE 5/21/1997

12. OFFICERS AND DIRECTORS	
TITLE <b>FD</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, MARY REV.</b>	
STREET ADDRESS <b>1107 1ST AVENUE</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMAS, DARRELL J</b>	
STREET ADDRESS <b>1279 LITTLE OAK CR</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>COBB, HARRY</b>	
STREET ADDRESS <b>1042 ALBIN ST</b>	
CITY-ST-ZIP <b>COCOA FL 32927</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>JACKSON, MARY W</b>	
STREET ADDRESS <b>4115 RAYBURN RD.</b>	
CITY-ST-ZIP <b>COCOA FL 32928</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, ALFONZO B</b>	
STREET ADDRESS <b>1107 1ST ST</b>	
CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>COBB, HARRY</b>	
STREET ADDRESS <b>1042 ALBIN ST</b>	
CITY-ST-ZIP <b>COCOA FL 32927</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>GAMES WARREN</b>	
1.3 STREET ADDRESS <b>125 TOWER PI</b>	
1.4 CITY-ST-ZIP <b>TITUSVILLE, FL 32796</b>	
2.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>WALTER CARPENTER ST</b>	
2.3 STREET ADDRESS <b>186 ROOSEVELT ST.</b>	
2.4 CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
3.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>COBB, HARRY</b>	
3.3 STREET ADDRESS <b>1042 ALBIN ST</b>	
3.4 CITY-ST-ZIP <b>COCOA, FL 32927</b>	
4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>JACKSON, MARY W</b>	
4.3 STREET ADDRESS <b>4115 RAYBURN RD</b>	
4.4 CITY-ST-ZIP <b>COCOA, FL 32928</b>	
5.1 TITLE <b>M</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>LEWIS, ALFONZO B</b>	
5.3 STREET ADDRESS <b>1107 1ST</b>	
5.4 CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
6.1 TITLE <b>SKAISER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>COOLIDGE</b>	
6.3 STREET ADDRESS <b>401 HIGHLAND TER.</b>	
6.4 CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Mary Lewis DATE 5/21/1997

CR2E037 (9/96)