


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001824 1. Entity Name THE UNITED NEIGHBORS OF EAST MIRAMAR, INC.		
Principal Place of Business 6100 SW 21ST ST. MIRAMAR, FL 33023	Mailing Address 6100 SW 21ST ST. MIRAMAR, FL 33023	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAYNOR, MARY 6100 SW 21ST STREET MIRAMAR, FL 33023		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNHAM, SHERON 2110 SW 66 AVE MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNOR, MARY 6100 SW 21ST ST. MIRAMAR, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALLAGER, CECILIA 7790 JUNIPER ST MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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 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: <u>Mary Raynor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-18-04</u> <small>Daytime Phone #</small>



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 64-0485023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/22/04-80017-010 61.25

**DO NOT WRITE
IN THIS SPACE**

08-11-04-111111