SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:28

DOCUMENT # N94000004235 (7)

1. Corporation Name

NEIGHBORHOOD BUDDIES, INC.

Principal Place of Business	Mailing Address
700 S.W. M.L. KING JR. BLVD. BELLE GLADE FL 33430	700 S.W. M.L. KING JR. BLVD. BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:
4. FEI Number: 65-0531383 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

FINNEY, LESTER E
700 S.W. M.L. KING JR. BLVD.
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	☐ Change ☐ Addition
NAME	Lester E. Finney	12 NAME	
STREET ADDRESS	700 S.W. MLK Blvd	13 STREET ADDRESS	
CITY-ST-ZIP	Belle Glade, FL 33430	14 CITY-ST-ZIP	
TITLE	President D	21 TITLE	☐ Change ☐ Addition
NAME	Michael Jackson	22 NAME	
STREET ADDRESS	65 S.W. 11th ...	23 STREET ADDRESS	
CITY-ST-ZIP	South Bay, FL 33493	24 CITY-ST-ZIP	
TITLE	Vice President D	31 TITLE	☐ Change ☐ Addition
NAME	John Brown	32 NAME	
STREET ADDRESS	1536 44 St.	33 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33407	34 CITY-ST-ZIP	
TITLE	Secretary	41 TITLE	☐ Change ☐ Addition
NAME	Peggy King	42 NAME	
STREET ADDRESS	715 MHP Lot 250	43 STREET ADDRESS	
CITY-ST-ZIP	Belle Glade, FL 33430	44 CITY-ST-ZIP	
TITLE	Treasurer	51 TITLE	☐ Change ☐ Addition
NAME	Miranda Smith	52 NAME	
STREET ADDRESS	170 N.W. 2nd Ave	53 STREET ADDRESS	
CITY-ST-ZIP	South Bay, FL 33493	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lesty E. Finney 6/13/95 407 996-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011272