

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90005 016 ****61.25

DOCUMENT # N96000003313

1. Entity Name

NEIGHBORS UNITED, INC.



Principal Place of Business

1301 WEST 31ST STREET
RIVIERA BEACH FL 33404

Mailing Address

1301 WEST 31ST STREET
RIVIERA BEACH FL 33404

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number
65-0700343

Applied For
Not Applicable

5. Certificate of Status Desired-- ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, ISABELLA
1301 WEST 31ST STREET
RIVIERA BEACH FL 33404

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 September 8, 2004

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 D ☐ Delete
NAME CUNNINGHAM, ISABELLA
STREET ADDRESS 1301 WEST 31ST STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME CHARLOW, LESSYE W
STREET ADDRESS 1241 W 39RD STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME GAINES, CHARLES
STREET ADDRESS 1208 W 28TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME FELDER, ROBERT C
STREET ADDRESS 2831 "S" AVENUE
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D ☐ Delete
NAME SHIFORD, ILENE
STREET ADDRESS 1325 W 32ND ST
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #