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May 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004573 (9)

1. Corporation Name  
NEIGHBORHOOD AND COMMUNITY MANAGEMENT, INC.



Principal Place of Business Mailing Address  
4870 KINGS MEADOWS LANE JACKSONVILLE FL 32217 4870 KINGS MEADOWS LANE JACKSONVILLE FL 32217-9509

3. Date Incorporated or Qualified 09/03/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number 59-3424207 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
GREEN, FLORETTA  
4870 KINGS MEADOWS LANE  
JACKSONVILLE FL 32217

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

12. OFFICERS AND DIRECTORS  
TITLE D DELETE  
NAME MILLS, GLEN  
STREET ADDRESS 9235 8TH AVENUE  
CITY - ST - ZIP JACKSONVILLE FL 32208  
TITLE D DELETE  
NAME HENDERSON, NOAH  
STREET ADDRESS 6235 NANCY DRIVE  
CITY - ST - ZIP JACKSONVILLE FL 32244  
TITLE D DELETE  
NAME GREEN, FLORETTA  
STREET ADDRESS 4870 KINGS MEADOWS LANE  
CITY - ST - ZIP JACKSONVILLE FL 32217  
TITLE D DELETE  
NAME OWENS, GREGORY  
STREET ADDRESS 4873 NORTH JAYBIRD CIRCLE  
CITY - ST - ZIP JACKSONVILLE FL 32202  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: Floretta Green REQUIRED April 30, 1997 630-8778

CR2E037 (9/96)