

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 16 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

N 96000005026

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3106 Cormorant RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2133

Suite, Apt. #, etc.

**REINSTATEMENT 97-02**

DO NOT WRITE IN THIS SPACE

City & State  
Delray Bch, FL.

City & State  
Delray Bch, FL.

4. FEI Number  
EIN 65-1153763

Applied For  
☒ Not Applicable

Zip  
33444

Country  
USA

Zip  
33444

Country  
USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Community Neighborhood helping

Street Address (P.O. Box Number is Not Acceptable)

3106 Cormorant RD

City  
Delray Beach

FL

Zip Code  
33444

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lennard Josey Sr 505 Sunrise Blvd Boynton Bch, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ginny Laska 122 Andrew Ave Delray Beach, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William McCullom 300 W Atlantic Ave Delray Beach, FL 33444
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Edith Thompson / EDITH THOMPSON 4-4-02 561-702-1830

CR2E037B-(12/01)

Attachment to Don't

196008005026



**Community Neighborhood Helping, Inc.**

Programs that Touch Hearts in Delray Beach

Post Office Box 2133, Delray Beach, Florida 33444  
Phone: 561-279-9951, Fax: 561-279-9951, EMail: edithmthompson@aol.com

To Whom it MAY,

Please be aware that

CNH did not rec the renewal package.

We were not aware that each year  
we should use this uniform report  
to be filed.

Kindest regards

CNH-Director

Edith Thompson