


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-20-2006 90201 018 ****70.00

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|--|--|---|
| DOCUMENT # N96000005026 | |  |
| 1. Entity Name COMMUNITY NEIGHBORHOOD HELPING, INC. | | |
| Principal Place of Business 3106 CORMORANT ROAD DELRAY BEACH, FL 33444 | Mailing Address PO BOX 2133 DELRAY BEACH, FL 33444 | |



04092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-1153763 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|--|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent THOMPSON, EDITH 3106 CORMORANT ROAD DELRAY BEACH, FL 33444 | | DO NOT WRITE IN THIS SPACE |
| <i>P.O. Box 480014 11211 S. Military Tr BOYNTON BEACH, FL 33436</i> | | |

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 _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOSEY, LENNARD SR 505 SUNRISE ROAD BOYNTON BEACH, FL 33435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LALKA, GINNY 122 ANDREW AVE DELRAY BEACH, FL 33444 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCULLOM, WILLIAM 300 W ATLANTIC AVENUE DELRAY BEACH, FL 33444 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, EDITH 3106 CORMORANT RD <i>P.O. Box 480014</i> DELRAY BEACH, FL 33444 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE: *Edith Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #