


FILE NOW: FILING FEE IS \$61.25

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**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001751 (3)
1. Corporation Name
NEIGHBORHOODS UNITED INC.



Principal Place of Business 702 E. ALSOBROOK ST. PLANT CITY FL	Mailing Address 702 E. ALSOBROOK ST. PLANT CITY FL
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3. Date Incorporated or Qualified 03/28/1997		
4. FEI Number 59-3439157	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**JOHNSON, HENRY D
702 E. ALSOBROOK ST.
PLANT CITY FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, HENRY	1.2 NAME	Executive Director
STREET ADDRESS	913 E. DR. MLK BLVD. JR.	1.3 STREET ADDRESS	T.N. Hill
CITY-ST-ZIP	PLANT CITY FL 33586	1.4 CITY-ST-ZIP	1205 E. Ohio St. Plant City, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ELLA	2.2 NAME	
STREET ADDRESS	1612 HUGHES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33586	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRNETT, LORRAINE	3.2 NAME	
STREET ADDRESS	1301 W. BATES ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33586	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWINE, BARBARA	4.2 NAME	
STREET ADDRESS	2008 W. WILLOW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33586	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MAXIE	5.2 NAME	
STREET ADDRESS	1301 E. TIMBERLANE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33586	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, EDDIE C	6.2 NAME	
STREET ADDRESS	1702 E. ALABAMA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33586	6.4 CITY-ST-ZIP	

14. 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 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: _____ **4/15/98**

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