


FILED
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Secretary of State

07-09-1999 90017 042 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001751 ✓

1. Corporation Name
NEIGHBORHOODS UNITED INC.

585366-90017-42 6 *

Principal Place of Business
~~702 E. ALSOBROOK ST.~~ **515 S. Maryland Ave.**
 PLANT CITY FL

Mailing Address
~~702 E. ALSOBROOK ST.~~ **515 S. Maryland Ave.**
 PLANT CITY FL



21. Principal Place of Business 515 S. Maryland Ave Suite, Ap. #, etc.	26. Mailing Address 515 S. Maryland Ave. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/28/1997
22. City & State Plant City, Florida	27. City & State Plant City, Florida	4. FEI Number 59-3439157
23. Zip 33566	28. Zip 33566	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country Hillsboro	29. Country Hillsboro	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Flossie M. Brooks / Director 515 S. Maryland Ave. Plant City Plant City FL 33566
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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 Flossie M. Brooks Flossie M. Brooks March 31, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature, title and date required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, HENRY		1.2 NAME Benjamin Forte	
STREET ADDRESS 913 E. DR. MILK BLVD. JR.		1.3 STREET ADDRESS 4001 Smith Ryals Rd	
CITY-ST-ZIP PLANT CITY FL 33566		1.4 CITY-ST-ZIP Plant City, FL 33567	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, ELLA		2.2 NAME Annie P. Williams	
STREET ADDRESS 1612 HUGHES DR.		2.3 STREET ADDRESS 515 S. Maryland Ave	
CITY-ST-ZIP PLANT CITY FL 33566		2.4 CITY-ST-ZIP Plant City, FL 33566	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Lucille Dixon / Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRNETT, LORRAINE		3.2 NAME 1707 W. Ball St.	
STREET ADDRESS 1301 W. BATES ST.		3.3 STREET ADDRESS Plant City, FL 33566	
CITY-ST-ZIP PLANT CITY FL 33566		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 33566		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 33566		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" 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 33566		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, with all other like empowered

SIGNATURE: Flossie M. Brooks March 31, 1999 913 757-9343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED: Benjamin Forte

CR2E037 (1/198)