


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 04 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">N97000005982</span> 1. Corporation Name <span style="font-size: 1.2em;">NEIGHBORHOOD WORKS, INC.</span>			
Principal Place of Business <span style="font-size: 1.2em;">GAINESVILLE, FL.</span>		Mailing Address <span style="font-size: 1.2em;">c/o ERIC AMUNDSON 2935 NW 23RD DR GAINESVILLE, FL 32605</span>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified <span style="font-size: 1.2em;">10/23/97</span> 4. FEI Number <span style="font-size: 1.2em;">59-3482937</span> 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 checked="" 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	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		9. Name and Address of Current Registered Agent <span style="font-size: 1.2em;">ERIC AMUNDSON 2935 NW 23RD DR. GAINESVILLE, FL 32605</span>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT G. BRADLEY GUY 215 NE 6th STREET, APT. D → CHANGED → GAINESVILLE, FL. 32601	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRES/C/D G. BRADLEY GUY P.O. BOX 215 (N/A) GAINESVILLE, FL. 32602
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY → CHANGED → ERIC AMUNDSON 2935 NW 23RD DR. GAINESVILLE, FL. 32605	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP/T/D ERIC AMUNDSON 2935 NW 23RD DR. GAINESVILLE, FL. 32605
TITLE <input checked="" type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER ROBERTA RHEA 2935 NW 23RD DR. GAINESVILLE, FL. 32605	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/D SEAN MCLENDON 502 SE 2ND STREET GAINESVILLE, FL. 32601
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	900002608433 -08/05/98--01099--021 ***61.25
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	PE 8.4
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.			
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">Eric Amundson</span> ; ERIC AMUNDSON <span style="font-size: 1.2em;">7/10/98</span> <span style="font-size: 1.2em;">352-335-1986</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (10/97)