

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004185

FILED
Apr 15, 2004
Secretary of State**Entity Name:** NEIGHBORHOOD PRIDE, INC.**Current Principal Place of Business:**1004 OAKTREE LANE
DELAND, FL 32720**New Principal Place of Business:****Current Mailing Address:**1004 OAKTREE LANE
DELAND, FL 32720**New Mailing Address:****FEI Number:** 59-3525305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRAWCZYNSKI, STEPHANIE
1004 OAKTREE LANE
DELAND, FL 32720 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRAWCZYNSKI, STEPHANIE
Address: 1004 OAKTREE LANE
City-St-Zip: DELAND, FL 32720

Title: TD () Delete
Name: HILL, LIZZIE
Address: 1200 S. COURTLAND
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: JEFFERS, TAMESHIA
Address: 3241 TALLWOOD DR
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: TANNER, STEPHANIE
Address: 3245 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: BARNES, MAURICE
Address: 1006 OAKTREE LANE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORGAN, CINDY
Address: 420 COURAGE CIRCLE
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: BATTLE, MICHAEL
Address: 300 NEW HOPE LANE
City-St-Zip: BUNNELL, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE KRAWCZYNSKI

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date