

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004185

FILED  
May 02, 2005  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: MORGAN, CINDY  
Address: 420 COURAGE CIRCLE  
City-St-Zip: DELAND, FL 32724

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

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

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

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

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date