

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004185

FILED  
Mar 04, 2011  
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:**

5509 BARNHOLLOW RD.  
NORFOLK, VA 23502

**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-ALMOND, STEPHANIE  
1004 OAKTREE LANE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

ALMOND, STEPHANIE  
1004 OAKTREE LANE  
DELAND, FL 32720 US

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: STEHANIE ALMOND

03/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALMOND, STEPHANIE  
Address: 1004 OAKTREE LANE  
City-St-Zip: DELAND, FL 32720

Title: TD  
Name: DILLARD, JOHN  
Address: 1324 OLEANDER AVE  
City-St-Zip: SANFORD, FL 32771

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

Title: D  
Name: MORGAN, CINDY  
Address: 222 WOODHAVEN DRIVE  
City-St-Zip: SUFFOLK, VA 23435

Title: D  
Name: BARNES, MAURICE  
Address: 606 MARION COURT  
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE ALMOND

PRES

03/04/2011

Electronic Signature of Signing Officer or Director

Date