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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N9800006331**

1. Corporation Name

Neighborhood Builders Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **1625 LIBERTY ST.**

Suite, Apt. #, etc.

22 City & State

23 **JACKSONVILLE, FL.**

Zip Country

24 **32206** 25 **DUVAL**

2a. Mailing Address

26 **1625 LIBERTY ST**

Suite, Apt. #, etc.

27 City & State

28 **JACKSONVILLE, FL**

Zip Country

29 **32206** 30 **DUVAL**

3. Date Incorporated or Qualified

11/4/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election: Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

NORMAN D JONES

82 Street Address (P.O. Box Number is Not Acceptable)

6485 MASALA ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32216

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:

Signature, typed or printed name of registered agent (and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME **P/D**
13 STREET ADDRESS **ARTHUR FROST**
14 CITY-ST-ZIP **1626 LIBERTY ST**
JACKSONVILLE, FL 32206

21 TITLE ☐ Change ☐ Addition
22 NAME **V/D**
23 STREET ADDRESS **PHILLIP NEARY**
24 CITY-ST-ZIP **231 E 7th St.**
JACKSONVILLE, FL 32206

31 TITLE ☐ Change ☐ Addition
32 NAME **S/D**
33 STREET ADDRESS **BARON ROBINSON**
34 CITY-ST-ZIP **330 E 5th St**
JACKSONVILLE, FL 32206

41 TITLE ☐ Change ☐ Addition
42 NAME **T/D**
43 STREET ADDRESS **NORMAN JONES**
44 CITY-ST-ZIP **6485 MASALA ST**
JACKSONVILLE, FL 32216

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 a different like empowered.

SIGNATURE: **Norman D Jones (NORMAN D JONES)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

904-724-8030
Daytime Phone #

CR2E037 (1/98)