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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90140 018 \*\*\*\*61.25



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	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>1625 LIBERTY ST.</b>	26 <b>1625 LIBERTY ST</b>	<b>11/4/1998</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 City & State	28 City & State	Applied For
<b>JACKSONVILLE, FL.</b>	<b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>32206</b>	<b>32206</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25 Country	30 Country	
<b>DUVAL</b>	<b>DUVAL</b>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <b>NORMAN D JONES</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>6485 MASAL ST</b>
	83
	84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32216</b>

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	12 NAME <b>P/D</b>	
		13 STREET ADDRESS <b>ARTHUR FROST</b>	
		14 CITY-ST-ZIP <b>1626 LIBERTY ST</b>	
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME <b>VID</b>	
		2.3 STREET ADDRESS <b>PHILLIP NEARY</b>	
		2.4 CITY-ST-ZIP <b>231 E 7th ST.</b>	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME <b>S/D</b>	
		3.3 STREET ADDRESS <b>BARLON ROBINSON</b>	
		3.4 CITY-ST-ZIP <b>330 E 5th ST</b>	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME <b>T/D</b>	
		4.3 STREET ADDRESS <b>NORMAN JONES</b>	
		4.4 CITY-ST-ZIP <b>6485 MASAL ST</b>	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 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	

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 1 other like empowered.

SIGNATURE: *Norman D Jones* (NORMAN D JONES) 4/19/99 904-724-8030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1998)