

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 710756

Entity Name: NEIGHBORLY CARE NETWORK, INC.

Current Principal Place of Business:

13945 EVERGREEN AVE.
CLEARWATER, FL 33762

Current Mailing Address:

13945 EVERGREEN AVE.
CLEARWATER, FL 33762

FEI Number: 59-1218100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEBRA, SHADE
13945 EVERGREEN AVE.
CLEARWATER, FL 33762 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name SHADE, DEBRA
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title VCD, PCD
Name WISE, SANDRA
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title CD
Name LOVE, SHEILA
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title SD
Name BORLAND, ROBIN
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

Title TD
Name BETHELL, EVELYN R.
Address 13945 EVERGREEN AVE.
City-State-Zip: CLEARWATER FL 33762

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: DEBRA SHADE

PRESIDENT/CEO

10/15/2013

Electronic Signature of Signing Officer/Director Detail

Date