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. 03/15/2014 SIGNATURE: SAUNDRA EDWARDS PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N04000011605

Entity Name: HARLEM MCBRIDE AND N.E. 43RD STREET NEIGHBORHOOD ASSOCIATION OF OAKLAND PARK, INC.

Current Principal Place of Business:

411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334

Current Mailing Address:

P O BOX 24362 OAKLAND PARK, FL 33307 US

FEI Number: 43-2071988

Name and Address of Current Registered Agent:

EDWARDS, SAUNDRA 411 NORTHEAST 33RD STREET OAKLAND PARK, FL 33334 US

The above na

SIGNATL

Officer/D

Title	PD	Title	Т			
Name	EDWARDS, SAUNDRA	Name	POOLE, AUDREY			
Address	411 NORTHEAST 33RD STREET	Address	212 N.E. 35TH CT			
City-State-Zip:	OAKLAND PARK FL 33334	City-State-Zip:	OAKLAND PARK FL 33334			

named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
URE	:						
	Electronic Signature of Registered Agent			Date			
Dire	ctor Detail :						
	PD	Title	т				
	EDWARDS, SAUNDRA	Name	POOLE, AUDREY				

Date

FILED Mar 15, 2014 Secretary of State CC9680407445

Certificate of Status Desired: No