

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003410

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC2282477895**

**Entity Name:** NEIGHBOR 2 NEIGHBOR FOUNDATION, INC.

**Current Principal Place of Business:**

333 VICTOR AVENUE  
POST OFFICE BOX 1444  
ORLANDO, FL 32801

**Current Mailing Address:**

POST OFFICE BOX 1444  
ORLANDO, FL 32801 US

**FEI Number:** 01-0961360

**Certificate of Status Desired:** Yes

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

BREVARD , JOHNSIE R OVERSEER  
1639 E. SOUTH STREET  
ORLANDO, FL 32801 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:** OVERSEER JOHNSIE R. BREVARD

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER/ CEO

Name BREVARD, JOHNSIE R

Address 1639 E. SOUTH STREET

City-State-Zip: ORLANDO FL 32801

Title B DI

Name BLAKE, JOHN AVERY B

Address 1511 MABLE BUTLER AVE

City-State-Zip: ORLANDO FL 32805

Title B D

Name JONES, SHARON F

Address 1511 MABLE BUTLER AVE

City-State-Zip: ORLANDO FL 32805

Title SEC

Name BLAKE, MARY MAGALENE

Address 1511 MABLE BUTLER AVE

City-State-Zip: ORLANDO FL 32805

Title BOARD PRESIDENT

Name HOLT, CHRISTINA A

Address 2750 TAYLOR AV  
SUITE A

City-State-Zip: ORLANDO FL 32855

*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:** OVERSEER JOHNSIE R.BREVARD

FOUNDER/CEO

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date