

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006097 (7)

1. Corporation Name

NELL E. NOBLE FOUNDATION, INC.

Principal Place of Business

1514 S.W. 20TH AVENUE
FT. LAUDERDALE FL 33312

Mailing Address

1514 S.W. 20TH AVENUE
FT. LAUDERDALE FL 33312-4159



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/22/1996

3a. Date of Last Report

N/A

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'BRIEN, KELLY L
1514 S.W. 20TH AVENUE
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

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

705 NE 16th Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33304

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 *Kelly L. O'Brien*

(NOTE: Registered Agent signature required when reappointing)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME O'BRIEN, KELLY L
STREET ADDRESS 1514 S.W. 20TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE VPD ☐ DELETE
NAME RESLEY, M. LISA ESQ.
STREET ADDRESS 306 S.W. 2ND COURT, #1
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☒ DELETE
NAME PISCO, CINDY
STREET ADDRESS 74 HASTINGS LANE
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☒ DELETE
NAME LITCHENBURGER, KIM
STREET ADDRESS 172 N.E. 20TH LANE
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☒ DELETE
NAME HERON, LENA
STREET ADDRESS 57 S.W. 3RD STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ DELETE
NAME HOPE, NATE
STREET ADDRESS 8301 N.W. 38TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33085

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P Kelly L. O'Brien ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 705 NE 16th Street
1.4 CITY-ST-ZIP Fort Lauderdale, FL. 33304

2.1 TITLE D/V M-LISA Presley ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 609 EAST ATLANTIC BLVD.
2.4 CITY-ST-ZIP POMPANO BEACH, FL. 33060

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Kelly L. O'Brien* REQUIRED

4/30/97 (954)523-6546

CP2E037 (9/96)