

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

DOCUMENT# N09000000899

**Entity Name:** NEVAEH COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

225 BACOM POINT ROAD  
PAHOKEE, FL 33476

**Current Mailing Address:**

PO BOX 1465  
BELLE GLADE, FL 33430

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMITH, CORETHA  
548 SW 5TH STREET  
BELLE GLADE, FL 33430 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 P  
Name EVAN, MARY O  
Address 1332 S.W. AVENUE D  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name SMITH, CORETHA D  
Address PO BOX 1465  
City-State-Zip: BELLE GLADE FL 33430

Title TREASURER  
Name COLE, KATHLEEN M  
Address 105 MIRAMAR AVENUE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title SECRETARY  
Name MITCHELL, LORRAINE M  
Address 1799 NE 164 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR  
Name COHEN, JOHN  
Address 1530 WILDERNESS ROAD  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** CORETHA SMITH

**REGISTERED AGENT**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date