

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:55

DOCUMENT # 718794 (1)

1. Corporation Name
NELLIE SMITH RESIDENCE FOR GIRLS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% NELLE SMITH P.O. BOX 32122 PALM BCH GDNS FL 33420-2122 US		% NELLE SMITH P.O. BOX 32122 PALM BCH GDNS FL 33420-2122 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/07/1970	08/10/1994
4. FEI Number	Applied For
59-1313197	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILSON, CRAIG, PA
 1201 US 1 STE 315
 NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEALY, JOHN
STREET ADDRESS	1580 8TH ST
CITY - ST - ZIP	W PALM BCH FL
TITLE	D
NAME	SMITH, EILEEN
STREET ADDRESS	1940 CRAFTON RD
CITY - ST - ZIP	NO PALM BCH FL
TITLE	D
NAME	DRYER, MICHELLE, A
STREET ADDRESS	715 44TH ST
CITY - ST - ZIP	W PALM BEACH FL
TITLE	DT
NAME	BUSSEY, MAUREEN
STREET ADDRESS	11690 FICUS ST
CITY - ST - ZIP	PALM BEACH GARDENS FL
TITLE	V
NAME	SMITH, WILLIAM
STREET ADDRESS	512 PRIVATEER RD
CITY - ST - ZIP	W PALM BCH FL
TITLE	DS
NAME	MCKENNA, PATRICIA
STREET ADDRESS	3520 WHITEHALL DR 201
CITY - ST - ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Smith, William	
13 STREET ADDRESS	512 Privateer Road	
14 CITY - ST - ZIP	N Palm Beach, FL 33408	
21 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Richmond, Joann	
23 STREET ADDRESS	3717 37th Way	
24 CITY - ST - ZIP	W Palm Beach, FL 33407	
31 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Hulme, Antonia	
33 STREET ADDRESS	712 U.S. Hwy#1 Ste. 301	
34 CITY - ST - ZIP	N. Palm Beach, FL 33408	
41 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	McKenna, Patricia	
43 STREET ADDRESS	3526 Whitehall Drive, #201	
44 CITY - ST - ZIP	W Palm Beach, FL 33401	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Busse, Maureen	
53 STREET ADDRESS	101 Sea Oats Dr	
54 CITY - ST - ZIP	Juno Beach, FL	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Nealy, John	
63 STREET ADDRESS	1560 6th St	
64 CITY - ST - ZIP	W Palm Bch FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Michelle Dryer Michelle Dryer Director 6/23/94 (407) 863-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)

CR2E037 (3/95)