

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 02 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 # 718794**  
 1. Corporation Name

**NELLE SMITH RESIDENCE FOR GIRLS, INC.**

Principal Place of Business Mailing Address  
**205 WORTH AVE, #201**  
**PALM BEACH, FL 33480**

3. Date Incorporated or Qualified **07-07-70** 3a. Date of Last Report **1996**  
 4. FEI Number **59-1313197** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent  
**ANITA E. MANUEL**  
**217 PERUVIAN AVE, SUITE, #2**  
**PALM BEACH, FL 33480**

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: *Anita E. Manuel* DATE: **4-24-97**  
Signature of type of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

TITLE NAME <b>D</b>	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>WILLIAM SMITH</b>	
CITY-ST-ZIP	<b>512 PRIVATIER ROAD NPB, FL3340</b>	
TITLE NAME <b>D</b>	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>JOHN NEALY</b>	
CITY-ST-ZIP	<b>1560 6TH STREET WEST PALM BCH, FL 33401</b>	
TITLE NAME <b>D</b>	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>PATRICIA MCKENNA</b>	
CITY-ST-ZIP	<b>3526 WHITEHALL DR, #201 WEST PALM BEACH, FL 33401</b>	
TITLE NAME <b>D</b>	<b>TREASURER</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>TONI HULME</b>	
CITY-ST-ZIP	<b>641 SE LEPARK DRIVE TEQUESTA, FL 33469</b>	
TITLE NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE	<b>EXECUTIVE COMMITTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CULVER SMITH, III</b>	
1.3 STREET ADDRESS	<b>324 GREYMON DRIVE</b>	
1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>EXECUTIVE COMMITTEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARY ARPE</b>	
2.3 STREET ADDRESS	<b>1045 NW 7TH</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: *Dr. Leone Ornel Executive Director* DATE: **4/24/97** DAYTIME PHONE #: **581-804-0190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)