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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

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

4. FEI Number

59-1313197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

ANITA E. MANUEL
217 PERUVIAN AVE, SUITE, #2
PALM BEACH, FL 33480

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

Signature of principal or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT
NAME WILLIAM SMITH
STREET ADDRESS 512 PRIVATIER ROAD NPB, FL33408
CITY-ST-ZIP

TITLE D VICE PRESIDENT
NAME JOHN NEALY
STREET ADDRESS 1560 6TH STREET
CITY-ST-ZIP WEST PALM BCH, FL 33401

TITLE D SECRETARY
NAME PATRICKANMCKENNA
STREET ADDRESS 3526 WHITEHALL DR, #201
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D TREASURER
NAME TONI HULME
STREET ADDRESS 641 SE LEPARK DRIVE
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

EXECUTIVE COMMITTEE
CULVER SMITH, III
324 GREYMON DRIVE
WEST PALM BEACH, FL 33405

EXECUTIVE COMMITTEE
MARY ARPE
1045 NW 7TH
BOCA RATON, FL

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo Phone #

CR2E037 (9/96)