

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 718794
 1. Corporation Name
 The Nelle Smith Residence for Girls, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
 21 625 N. Flagler Drive
 Suite, Apt #, etc. 22 700
 City & State 23 West Palm Beach, FL
 Zip 24 33401 Country 25 Palm Beach

2a. Mailing Address
 26 625 N. Flagler Drive
 Suite, Apt #, etc. 27 700
 City & State 28 West Palm Beach, FL
 Zip 29 33401 Country 30 Palm Beach

3. Date Incorporated or Qualified 7-7-70

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~D. Culver Smith, III
 c/o Holland & Knight
 625 N. Flagler Drive, Suite 700
 West Palm Beach, FL 33401~~

10. Name and Address of New Registered Agent
 81 Name D. Culver Smith, III
 82 Street Address (P.O. Box Number is Not Acceptable) c/o Holland & Knight
 83 625 N. Flagler Dr - Suite 700
 84 City West Palm Beach FL 85 Zip Code 33401

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 617.1508 Florida Statutes.

SIGNATURE *Mary C. Arpe* *D. Culver Smith, III* 4/6/98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	D. Culver Smith, III	
STREET ADDRESS	625 N. Flagler Drive, Suite 700	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Vice Pres. of Administration	<input type="checkbox"/> DELETE
NAME	Mary C. Arpe	
STREET ADDRESS	250 S. Australian Ave., #1010	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Vice Pres. of Clinical Programming	<input type="checkbox"/> DELETE
NAME	Darlene Silvernail	
STREET ADDRESS	2624 Forest Hill Blvd	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Anita Manuel	
STREET ADDRESS	217 Peruvian Ave.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Recording Secretary	<input type="checkbox"/> DELETE
NAME	Donna L. Simmons	
STREET ADDRESS	250 S. Australian Ave., #1010	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Corresponding Secretary	<input type="checkbox"/> DELETE
NAME	Lorraine McHugh	
STREET ADDRESS	625 N. Flagler Drive, Suite 700	
CITY-ST-ZIP	West Palm Beach, FL 33401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Edith Bush	
13 STREET ADDRESS	1444 Eighth Street	
14 CITY-ST-ZIP	West Palm Beach, FL 33401	
21 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dr. Sarah Siciliano-Hartt	
23 STREET ADDRESS	1050 N.W. 15th Street, #111A	
24 CITY-ST-ZIP	Boca Raton, FL 33486	
31 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	John Nealy	
33 STREET ADDRESS	P. O. Box 109600	
34 CITY-ST-ZIP	West Palm Beach, FL 33410	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I 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 reports 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: *Mary C. Arpe* 4/06/98 561-655-6224

CR2E037 (10/97)