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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 718794

1. Corporation Name

NELLE SMITH RESIDENCE FOR GIRLS, INC.

Principal Place of Business

625 NORTH FLAGLER DRIVE
 #700
 WEST PALM BEACH FL 33401
 US

Mailing Address

625 NORTH FLAGLER DRIVE
 #700
 WEST PALM BEACH FL 33401
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/07/1970

23 City & State

27 City & State

4. FEI Number

Applied For

59-1313197

Not Applicable

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, D. CULVER III
 C/O HOLLAND & KNIGHTS
 625 NORTH FLAGLER DRIVE, SUITE 700
 WEST PALM BEACH FL 33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME P SMITH, D. CULVER III
 STREET ADDRESS 625 NORTH FLAGLER DRIVE, SUITE 700
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DELETE
 NAME D BUSH, EDITH
 STREET ADDRESS 1444 EIGHTH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DELETE
 NAME D SICILIANO-HARTT, SARAH DR
 STREET ADDRESS 1050 N.W. 15TH STREET, #111A
 CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE DELETE
 NAME D NEALY, JOHN
 STREET ADDRESS P. O. BOX 109800 N/A
 CITY-ST-ZIP WEST PALM BEACH FL 33410

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

TITLE DELETE
 NAME VPA ARPE, MARY C
 STREET ADDRESS 250 S. AUSTRALIAN AVEN., #1010
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DELETE
 NAME T MANUEL, ANITA
 STREET ADDRESS 217 PERUVIAN AVENUE
 CITY-ST-ZIP PALM BEACH FL 33480

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

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 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, with all other like empowered.

SIGNATURE:

Signature of Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99
 Date

561-655-5777
 Daytime Phone #

CR2E037 (1/198)