

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718794

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: NELLE SMITH RESIDENCE FOR GIRLS, INC.

## Current Principal Place of Business:

515 NORTH FLAGLER DRIVE, STE 401  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

222 LAKEVIEW AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

515 NORTH FLAGLER DRIVE, STE 401  
WEST PALM BEACH, FL 33401 US

## New Mailing Address:

222 LAKEVIEW AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 US

FEI Number: 59-1313197      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SMITH, D. CULVER  
515 NORTH FLAGLER DRIVE, STE 401  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

SMITH, D. CULVER  
222 LAKEVIEW AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

07/10/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, D. CULVER III  
Address: 324 GREYMAN DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VD ( ) Delete  
Name: HUHN, MICHELLE  
Address: 408 GULF ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SD ( ) Delete  
Name: ARPE, MARY C  
Address: 821 FLAMINGO DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD ( ) Delete  
Name: MURRAY, MARY KAY  
Address: 1707 NORTH LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: BOYLE, EILEEN  
Address: 3525 TACONIC DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete  
Name: TYLANDER, GIGI  
Address: 225 SOUTH COUNTY ROAD  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. CULVER SMITH III

PD

07/10/2008

Electronic Signature of Signing Officer or Director

Date