

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 759726 (3)**

1. Corporation Name

**THE NATIONAL TWENTY AND FOUR, INC.**



Principal Place of Business

**414 WINTERS ST.  
W. PALM BEACH FL 33405**

Mailing Address

**414 WINTERS ST.  
W. PALM BEACH FL 33405**

3. Date Incorporated or Qualified  
**08/21/1981**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number

**36-6147454**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAY, FRANCES T.  
414 WINTERS ST.  
W. PALM BEACH FL 33405**

**81** Name

**SMITH, ELIZABETH R.**

**82** Street Address (P.O. Box Number is Not Acceptable)

**414 WINTERS ST.**

**83**

**84** City

**W. PALM BEACH**

**FL**

**85** Zip Code

**33405**

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

*Elizabeth R. Smith*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/1/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD VIRGIL, KIM**  
STREET ADDRESS **6301 HAYES STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE  
NAME **VD WILSON, VALEDDA**  
STREET ADDRESS **1509 EMILIE STREET**  
CITY-ST-ZIP **GREEN BAY WI**

TITLE ☐ DELETE  
NAME **SD MARTIN, MARION**  
STREET ADDRESS **4713 N 53RD ST**  
CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ DELETE  
NAME **TD SMITH, ELIZABETH R**  
STREET ADDRESS **414 WINTERS ST**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE  
NAME **PPD PALMQUIST, PATSY L**  
STREET ADDRESS **P O BOX 164 N/A**  
CITY-ST-ZIP **DEVINE TX**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
NAME **PD WILSON, VALEDDA**  
12 NAME **1509 EMILIE ST.**  
13 STREET ADDRESS **GREEN BAY, WI 54301-3115**  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition  
22 NAME **VD ROBERTSON, IRIS**  
23 STREET ADDRESS **7224 RESERVOIR ROAD**  
24 CITY-ST-ZIP **SPRINGFIELD, VA 22150**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition  
52 NAME **PPD VIRGIL, KIM**  
53 STREET ADDRESS **6301 HAYES ST.**  
54 CITY-ST-ZIP **HOLLYWOOD, FL 33081-0005**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Elizabeth R. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD

**2/1/96**

Date

**407-588-7766**

Daytime Phone

CR2E037 (12/95)