## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

759726

(3)

THE NATIONAL TWENTY AND FOUR, INC.

Principal Place of Business Mailing Address						r annerer conner arriva smitte tibuta nibin milet bider bider ander arbeit didt bidet
414 WINTERS ST. 414 WINTERS ST. W. PALM BEACH FL 33405 W. PALM BEACH FL 33405-464			644			
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996
,	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number Applied For
21	# - 1-	26	Suite, Apt. #, etc.			36-6147454 Not Applicable
Suite, Apt.	#, etc.		pt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State	Δ	27 City 8.S	tata			Fee Required
23		├──¬ `	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip		Country		Trust Fund Contribution
24	25	29	3	´		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No
	9. Name and Address of Curre			<u>,                                     </u>		10. Name and Address of New Registered Agent
				81	Name	······································
SMITH, E	ELIZABETH R			82	Chron	Address (DO Do North State Local Laboratory)
414 WINTERS STREET				82	20166	et Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33405						
				04	City	
				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 a	gent and title r applicable.	(NOTE: F	Registered Age	nt signatu	ure required when reinstating) DATE.
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	L	DELETE	1.1 TITLE		PD
NAME	WILSON, VALEDDA			1.2 NAME		ROBERTSON, IRIS
STREET ADDRESS	1509 EMILIE STREET			1.3 STREET	address	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	GREEN BAY WI			1.4 CITY+S	T-ZIP	Springfield, VA 22150-3639
TITLE	VD	L	DELETE	2 1 TITLE		VD & Change Addition
NAME	ROBERTSON, IRIS			2.2 NAME		GRAVES, ZELDA M.
STREET ADDRESS	7224 RESERVOIR ROAD			2.3 STREET		
CITY-ST-ZIP	SPRINGFIELD VA		DELETE	2.4 CITY-8	F-ZIP	Kingsville, TX 78363
TITLE	SD	L	DELETE	3.1 TITLE		Change Addition
NAME	MARTIN, MARION			3.2 NAME		
STREET ADDRESS	4713 N 53RD ST			3.3 STREET		5
CITY - ST - ZIP TITLE	MILWAUKEE WI		T DELETE	3.4. CITY - S	T-ZIP	
NAME	SMITH, ELIZABETH R	L	_ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS	414 WINTERS ST			4.2 NAME	I DDDCCC	
CITY - ST - ZIP	W PALM BCH FL			4.3 STREET		
TITLE	PD		DELETE	4.4 CITY - ST	1 - ZIP	PD Change Addition
NAME	VIRGIL, KIM			5.2 NAME		- <b>1</b>
STREET ADDRESS	6301 HAYES STREET			5.3 STREET	ADDREEP	WILSON, VALEDDA 1509 Emilie Street
CITY-SF-ZIP	HOLLYWOOD FL			5.4 CITY-S		Green Bay, WI
TITLE		Ī	DELETE	6.1 TITLE	· · cir	Green Bay, WI Change Addition
NAME		_		6.2 NAME		- Visingo La Auditori
STREET ADDRESS				6.3 STREET	AUUDEGG	
CITY-ST-ZIP				ı		
14. I do hereb	by certify that the information suppli	ed with this filing d	oes not qualify (	6.4 City-Stor the exer	motion	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
Intormation	n indicated on this annual report or	supplemental anni	ual report is true ustee empower	e and accu ed to execu	rate an	of that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

RELIZABETH R. Smith 1/6/97 561-588-7766
ROMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Design

Design