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FILED  
Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759726** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

**08/21/1981**

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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**SMITH, ELIZABETH R  
414 WINTERS STREET  
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, IRIS	
STREET ADDRESS	7224 RESERVOIR RD.	
CITY-ST-ZIP	SPRINGFIELD VA	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAVES, ZELDA M.	
STREET ADDRESS	721 SANTA BARBARA	
CITY-ST-ZIP	KINGSVILLE TX	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, MARION	
STREET ADDRESS	4713 N 53RD ST	
CITY-ST-ZIP	MILWAUKEE WI	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, ELIZABETH R	
STREET ADDRESS	414 WINTERS ST	
CITY-ST-ZIP	W PALM BCH FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, VALEDDA	
STREET ADDRESS	1509 EMILIE ST.	
CITY-ST-ZIP	GREEN BAY WI	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRAVES ZELDA M.	
1.3 STREET ADDRESS	721 SANTA BARBARA	
1.4 CITY-ST-ZIP	KINGSVILLE, TX 78363	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HRITSKO GLADYS	
2.3 STREET ADDRESS	515 FOND du LAC ST.	
2.4 CITY-ST-ZIP	RIPON, WI 54971	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERTSON, IRIS	
5.3 STREET ADDRESS	7224 RESERVOIR RD.	
5.4 CITY-ST-ZIP	SPRINGFIELD VA	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Elizabeth R. Smith, Registered Agent* 3/28/98

561-588-7766

CP2E037 (10/97)