

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005029



1. Entity Name

**NELLIE B. WILLIAMS MEMORIAL SCHOLARSHIP
PROGRAM, INC.**

Principal Place of Business

**150 SE 2ND AVE, SUITE 913
MIAMI FL 33131**

Mailing Address

**150 SE 2ND AVE, SUITE 913
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122996

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANGBEIN, LESLIE W ESQUIRE
LANGBEIN & LANGBEIN, P.A.
20801 BISCAYNE BLVD, SUITE 506
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinitiating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **CURRY, CYNTHIA W**
STREET ADDRESS **150 SE 2ND AVE, SUITE 913**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **STD** ☐ Delete
NAME **CURRY, GARLAND**
STREET ADDRESS **150 SE 2ND AVE, SUITE 913**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **STD** ☐ Delete
NAME **CURRY, DOLLETHA**
STREET ADDRESS **3957 NW 185TH ST**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000016477**
CITY-ST-ZIP **01/28/04-80056-022 70.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia W. Curry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04

305-372-2393

Date

Daytime Phone #