


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 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	



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1122986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000195631
01/26/05 00036 006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CURRY, CYNTHIA W 150 SE 2ND AVE, SUITE 913 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CURRY, GARLAND 150 SE 2ND AVE, SUITE 913 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURRY, DOLLETHA 3957 NW 185TH ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 305-372-2393
Date Daytime Phone #