

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 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**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122996

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

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, 2006**

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

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	

U00000390017
01/23/06-80008-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE: Cynthia W. Curry 1-13-06 305-829-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #