

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000899

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** NEVAEH COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

225 BACOM POINT ROAD  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1465  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, CORETHA  
548 SW 5TH STREET  
BELLE GLADE, FL 33430 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVAN, MARY O  
Address: 1332 S.W. AVENUE D  
City-St-Zip: BELLE GLADE, FL 33430

Title: S  
Name: MEADLEY, JUANITA A  
Address: 407 RUNYON VILLAGE APT A  
City-St-Zip: BELLE GLADE, FL 33430

Title: T  
Name: COLE, KATHLEEN M  
Address: 105 MIRAMAR AVENUE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D  
Name: OLIVER, JOHN M  
Address: 8350 OKEECHOBEE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D  
Name: COHEN, JOHN  
Address: 1530 WILDERNESS ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY EVANS

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date