

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N51230 (3)

95 MAY 25 AM 11:01

1. Corporation Name

MAYOR'S PARTNERS FOR NICER NEIGHBORHOODS, INC.

Principal Place of Business

Mailing Address

**200 2ND ST
W PALM BEACH FL 33401**

**200 2ND ST
W PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1992** 3a. Date of Last Report **07/26/1994**

4. FEI Number **65-0499016** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, NANCY MALLEY
200 2ND ST
W PALM BEACH FL 33401**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **GRAHAM, NANCY M.**
STREET ADDRESS **200 2ND ST**
CITY - ST - ZIP **W PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **S**
NAME **GREGORY, PAT**
STREET ADDRESS **200 2ND ST.**
CITY - ST - ZIP **W PALM BEACH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **M Fox, Bea**
2.3 STREET ADDRESS **200 2nd Street**
2.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

TITLE **D**
NAME **HILSON, ROBERT**
STREET ADDRESS **1555 PALM BCH. LAKES BLVD.**
CITY - ST - ZIP **W PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D Carr, Lucy**
3.3 STREET ADDRESS **218 Datura Street**
3.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

TITLE **DV**
NAME **HARRIS, LYNDA J.**
STREET ADDRESS **P. O. BOX 150 N/A**
CITY - ST - ZIP **W PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D Harris, Cindy**
4.3 STREET ADDRESS **651 Industrial Way**
4.4 CITY - ST - ZIP **Boynton Beach, FL 33426**

TITLE **D**
NAME **CHINN, WALTER**
STREET ADDRESS **P. O. BOX 078768 N/A**
CITY - ST - ZIP **W PALM BEACH FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D Springer, Jim**
5.3 STREET ADDRESS **625 N. Flagler**
5.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

TITLE **D**
NAME **YOUNG, JIM**
STREET ADDRESS **303 BANYAN BLVD.**
CITY - ST - ZIP **W PALM BEACH FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D Kind, Greg**
6.3 STREET ADDRESS **515 N. Flagler Suite 1800**
6.4 CITY - ST - ZIP **West Palm Beach, FL 33401**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Bea Fox

Bea Fox

4/17/95

407-659-8024

Date

Signature