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3-20-95 XC-0-2388

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 23

DOCUMENT # N94000001380 (4)

1. Corporation Name
THE NEIGHBORHOOD DEVELOPMENT INITIATIVE OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
1555 PALM BEACH LAKES BLVD. SUITE 416 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1994
3a. Date of Last Report
4. FEI Number 65-0491100 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 447 20th Street Suite, Apt. #, etc. 26 P.O. Box 8056
22 City & State 27 City & State
23 West Palm Beach 28 West Palm Beach
24 Zip 25 Country 29 Zip 30 Country
24 33407 29 33407

9. Name and Address of Current Registered Agent
SCOTT, WILLIE
6784 CHURCH ST.
JUPITER FL 33458

10. Name and Address of New Registered Agent
81 Name Anthony Mack
82 Street Address (P.O. Box Number is Not Acceptable) 1910 Beautiful Avenue
83
84 City West Palm Beach FL 85 Zip Code 33407

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 office 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]* (NOTE: Registered Agent signature required when relating) DATE January 31, 1995

12. OFFICERS AND DIRECTORS	
TITLE D	NAME ODUM, MICHAEL STREET ADDRESS 618 21ST ST. CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D	NAME MACK, TONY STREET ADDRESS 1910 BEAUTIFUL AVE. CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D	NAME LOVETTE, SANDRA STREET ADDRESS 433 SILVER BEACH RD. CITY-ST-ZIP LAKE PARK FL 33403
TITLE D	NAME BASS, WARREN STREET ADDRESS 1615 31ST ST. CITY-ST-ZIP RIVIERA BEACH FL 33404
TITLE D	NAME BELL, CHRIS STREET ADDRESS 705 N. PALMWAY CITY-ST-ZIP LAKE WORTH FL 33460
TITLE D	NAME CAMPFIELD, SHIRLEY STREET ADDRESS 705 S. 'E' ST. CITY-ST-ZIP LAKE WORTH FL 33460

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	NAME President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Arthur L. Mathews, Jr. 1.3 STREET ADDRESS 1262 Gondola Court 1.4 CITY-ST-ZIP Boynton Beach, FL. 33423
2.1 TITLE D	NAME Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME James Martin 2.3 STREET ADDRESS 431 South 'M' Street 2.4 CITY-ST-ZIP Lake Worth, FL. 33460
3.1 TITLE D	NAME Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Anthony Mack 3.3 STREET ADDRESS 1910 Beautiful Avenue 3.4 CITY-ST-ZIP West Palm Beach, FL. 33407
4.1 TITLE D	NAME Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Tanya H. Williams 4.3 STREET ADDRESS 410 N.W. 6th Avenue 4.4 CITY-ST-ZIP Boynton Beach, FL. 33435
5.1 TITLE D	NAME Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Leonard Butler 5.3 STREET ADDRESS 816 Par Circle 5.4 CITY-ST-ZIP Delray Beach, FL. 33445
6.1 TITLE D	NAME Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Katie Hinson 6.3 STREET ADDRESS 6787 Mitchell Street 6.4 CITY-ST-ZIP Jupiter, FL. 33458

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 118.07(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: *[Signature]* (Arthur L. Mathews, Jr.) Jan. 31, 1995 407-736-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #