

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000001380 (4)**

1. Corporation Name

**THE NEIGHBORHOOD DEVELOPMENT INITIATIVE OF PALM
BEACH COUNTY, INC.**



Principal Place of Business

**447 20TH STREET
SUITE 416
WEST PALM BEACH FL 33407
US**

Mailing Address

**P O BOX 8056
SUITE 416
WEST PALM BEACH FL 33407
US**

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACK, ANTHONY
1910 BEAUTIFUL AVENUE
WEST PALM BEACH FL 33407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Anthony Mack
Signature, typed or printed name of registered agent and his or her applicable

Anthony Mack
(NOTE: Registered Agent signature required when reinstating)

2/12/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **MATHEWS, ARTHUR L JR**
STREET ADDRESS **1262 GONDOLA COURT**
CITY- ST- ZIP **BOYNTON BEACH FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Anthony Mack**
1.3 STREET ADDRESS **1910 Beautiful Avenue**
1.4 CITY- ST- ZIP **West Palm Beach, FL 33407**

TITLE **DSP** ☒ DELETE
NAME **MACK, ANTHONY**
STREET ADDRESS **1910 BEAUTIFUL AVENUE**
CITY- ST- ZIP **WEST PALM BEACH FL**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **Jim Martin**
2.3 STREET ADDRESS **431 South M Street**
2.4 CITY- ST- ZIP **Lake Worth, FL 33460**

TITLE **D** ☒ DELETE
NAME **LOVETTE, SANDRA**
STREET ADDRESS **433 SILVER BEACH RD.**
CITY- ST- ZIP **LAKE PARK FL 33403**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Sandra Lovett**
3.3 STREET ADDRESS **433 Silver Beach Road**
3.4 CITY- ST- ZIP **Lake Park, FL 33404**

TITLE **DT** ☒ DELETE
NAME **WILLIAMS, TANYA H**
STREET ADDRESS **410 N.W. 6TH AVENUE**
CITY- ST- ZIP **BOYNTON BEACH FL**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **Leonard Butler**
4.3 STREET ADDRESS **816 Par Circle**
4.4 CITY- ST- ZIP **Delray Beach, FL 33445**

TITLE **D** ☒ DELETE
NAME **BUTLER, LEONARD**
STREET ADDRESS **816 PAR CIRCLE**
CITY- ST- ZIP **DELRAY BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE **D** ☒ DELETE
NAME **HINSON, KATIE**
STREET ADDRESS **6787 MITCHELL STREET**
CITY- ST- ZIP **JUPITER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 119.07(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:

Anthony Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96
Date

(407) 832-1788
Daytime Phone #

CR2E037 (12/95)