

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**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0491100	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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: *[Signature]* / *Anthony Mack* / *2/12/96*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, ARTHUR L JR			1.2 NAME	Anthony Mack		
STREET ADDRESS	1262 GONDOLA COURT			1.3 STREET ADDRESS	1910 Beautiful Avenue		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	West Palm Beach, FL 33407		
TITLE	DSP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACK, ANTHONY			2.2 NAME	Jim Martin		
STREET ADDRESS	1910 BEAUTIFUL AVENUE			2.3 STREET ADDRESS	431 South M Street		
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP	Lake Worth, FL 33460		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVETTE, SANDRA			3.2 NAME	Sandra Lovett		
STREET ADDRESS	433 SILVER BEACH RD.			3.3 STREET ADDRESS	433 Silver Beach Road		
CITY-ST-ZIP	LAKE PARK FL 33403			3.4 CITY-ST-ZIP	Lake Park, FL 33404		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, TANYA H			4.2 NAME	Leonard Butler		
STREET ADDRESS	410 N.W. 6TH AVENUE			4.3 STREET ADDRESS	816 Par Circle		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	Delray Beach, FL 33445		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTLER, LEONARD			5.2 NAME			
STREET ADDRESS	816 PAR CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINSON, KATIE			6.2 NAME			
STREET ADDRESS	6787 MITCHELL STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			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: *[Signature]* / *Anthony Mack* / *2/12/96* / *(407) 832-1788*
Signature, typed or printed name of signing officer or director DATE Daytime Phone #

CR2E037 (12/95)