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FILED
Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000625 (2)

1. Corporation Name

THE TED CENTER'S NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

24 N. SWINTON AVENUE
DELRAY BEACH FL 33444

Mailing Address

24 N. SWINTON AVENUE
DELRAY BEACH FL 33444-2632



2. Principal Place of Business

21 10 B SE 18 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

DELRAY BEACH, FL

28 City & State

29 City & State

24 Zip

33444

25 Country

USA

29 Zip

30 Country

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

12/26/1996

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

JOHNSON, SHERRY

24 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name Same

82 Street Address (P.O. Box Number is Not Acceptable)

10 SE 1st Ave Suite B

83 SAME

84 City SAME

FL

85 Zip Code

33444

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

Sherry Johnson

6-9-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BUTLER, JAMES
CITY-ST-ZIP 232 NW 5TH AVENUE
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS DILDY, JAMES SR.
CITY-ST-ZIP 704 SW 3RD AVENUE
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME CTD
STREET ADDRESS NEGRON, TINA
CITY-ST-ZIP 214 NW 13TH AVENUE
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME CTD
STREET ADDRESS ALLEN, MAVIS
CITY-ST-ZIP 226 NW 5TH AVENUE
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BUTLER, KATHY
CITY-ST-ZIP 232 NW 5TH AVENUE
DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME D
STREET ADDRESS JONES, CAROLE
CITY-ST-ZIP 314 NW 3RD AVENUE
DELRAY BEACH FL 33444

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 addendum with an address.

CP2E037 (9/96)