

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002856 (1)

1. Corporation Name

THE NORTHEAST WINTER HAVEN NEIGHBORHOOD ASSOCIATION, INCORPORATED



Principal Place of Business

**2444 5TH STREET NE
WINTER HAVEN FL 33881**

Mailing Address

**PO BOX 3495
WINTER HAVEN FL 33885**

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-3319035

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

23 City & State

Winter HAVEN, FLA.

28 City & State

Winter HAVEN, FLA.

24 Zip

33881

Country

AMERICA

29 Zip

33885

Country

AMERICA

9. Name and Address of Current Registered Agent

**SMITH, MARY S
2426 EDWIN STREET NE
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name
MARY S. SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
2426 EDWIN ST. N.E.
83
84 City
Winter HAVEN **FL** 85 Zip Code
33881

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **WILFRED SMITH**
STREET ADDRESS **2444-5TH STREET N.E.**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33881**

TITLE **SECRETARY** ☐ DELETE
NAME **MARY S. SMITH**
STREET ADDRESS **2426 EDWIN ST. N.E.**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33881**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **TIMOTHY BROWN**
STREET ADDRESS **305 AVENUE X N.E.**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33881**

TITLE **TREASURER** ☐ DELETE
NAME **FLORA L. WHITTEN**
STREET ADDRESS **5TH ST. N.E.**
CITY-ST-ZIP **WINTER HAVEN, FLA. 33881**

TITLE **DIRECTOR** ☐ DELETE
NAME **VERMEL BROWN**
STREET ADDRESS **305 AVE. X N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL. 33881**

TITLE **DIRECTOR** ☐ DELETE
NAME **EARNESTINE DAVIS**
STREET ADDRESS **2514 SUNSET DRIVE N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL. 33881**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 293-1439

CR2E037 (12/95)