

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 022 ****62.00

DOCUMENT # N97000000784

1. Entity Name
NICHOLLS HOME, INC.



Principal Place of Business
6633 EVERGREEN DRIVE
MIRAMAR, FL 33023 US

Mailing Address
6633 EVERGREEN DRIVE
MIRAMAR, FL 33023 US

54058829



2. Principal Place of Business
15230 S. RIVER DR.
Suite, Apt. #, etc.

3. Mailing Address
15230 S. RIVER DR.
Suite, Apt. #, etc.

03262003 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
31-1584896

Applied For
Not Applicable

Zip
33168

Country
MIAMI-DADE

Zip
33168

Country
MIAMI-DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNERS-NICHOLLS, JANICE
15230 SOUTH RIVER DRIVE
MIAMI, FL 33168

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WILLIAMS, BRIAN
STREET ADDRESS 6633 EVERGREEN DRIVE
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE VD ☒ Delete
NAME BYER, SELWYN
STREET ADDRESS 17790 NW 67TH AVE., APT. 8
CITY-ST-ZIP MIAMI, FL 33015

TITLE STD ☒ Delete
NAME NICHOLLS, GLEN J
STREET ADDRESS 810 NE 180TH STREET
CITY-ST-ZIP MIAMI, FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME **MANNERS-NICHOLLS, JANICE**
STREET ADDRESS **15230 S. RIVER DR.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE V ☒ Change ☐ Addition
NAME **MANNERS-NICHOLLS, JANICE**
STREET ADDRESS **15230 S. RIVER DR.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE S/T ☒ Change ☐ Addition
NAME **MANNERS-NICHOLLS, JANICE**
STREET ADDRESS **15230 S. RIVER DR.**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice Manners-Nicholls* **JANICE MANNERS-NICHOLLS** 6/21/04 305 008 6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #