


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

08-13-2004 90070 042 ****61.25

DOCUMENT # N02000003784

1. Entity Name
THE HISTORIC HAMPTON HOUSE COMMUNITY TRUST, INC.



Principal Place of Business
**PO BOX 471814
 MIAMI, FL 33247-1814**

Mailing Address
**PO BOX 471814
 MIAMI, FL 33247-1814**

66433916



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07222004 Chg-NP CR2E037 (10/03)

4. FEI Number
30-0120658

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CAPP, LARRY D
 18355 NW 61ST AVE
 MIAMI, FL 33015**

7. Name and Address of New Registered Agent
 Name **ENID PINKNEY**
 Street Address (P.O. Box Number is Not Acceptable)
4990 NW 31 Avenue
 City **Miami** FL Zip Code **33142**

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: *Enid C. Pinkney Pres.* **Enid C. PINKNEY** *Aug. 11, 2004*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing.) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHEE, ANN - TREASURER <input type="checkbox"/> Delete 8841 W. LONG ACRE DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Enid C. Pres. CEO</i> <input checked="" type="checkbox"/> Delete PINKNEY, ERIC 4990 NW 31ST AVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Chairman</i> <input type="checkbox"/> Delete JOHNSON, DOTTIE 13724 NW 22ND PL. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Trustee</i> <input type="checkbox"/> Delete CAPP, LARRY 5750 COLLINS AVE., SUITE 3B MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Trustee <i>MARtha Andew</i> <input checked="" type="checkbox"/> Delete IRVING, DONALD <i>3349 N.W. 52nd ST. S.W.</i> 15705 NW 37TH CT. OPA LOCKA, FL 33054 <i>Miami, FL 33142</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Secretary</i> <input type="checkbox"/> Delete HERSH, KATHY 9051 SW 69TH CT. MIAMI, FL 33156

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larrie Lovett <i>Vice Pres.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2799 NW 46 Street Miami, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Stachan <i>Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8841 NW 14 Avenue Miami, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malinda Cleary <i>Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 652 NE 120 Street Miami, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alan Schulman <i>Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 434 NE 28 Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Louis Penelas <i>Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 133 NE 47th Street Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruby Rayford <i>Trustee</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2011 NW 98th Street Miami, FL 33147

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: *Enid C. Pinkney* **Enid C. PINKNEY** *August 11, 2004* **305-635-5130**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc # N02000003784

66433916

The Historic Hampton House Community Trust, Inc.
4990 N. W. 31st Avenue
Miami, Florida 33142
August 11, 2004

Dear Sir/Madam:

We are trying to get a "Sales Tax Exemption Card." We thought by being a 501© 3 organization, it would entitle us to it. When we made a purchase we were told that we had to apply to the State. Please give us instructions on how to do this.

Thank you very much.

Sincerely,

Enid C. Pinkney
Enid C. Pinkney, President

Enclosed is a check for \$61,25