

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003784

FILED
Apr 30, 2012
Secretary of State

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

Current Principal Place of Business:

5400 NW 22ND AVE
SUITE 704
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5400 NW 22ND AVE
SUITE 704
MIAMI, FL 33142

New Mailing Address:

FEI Number: 30-0120658 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINKNEY, ENID C PRES
4990 NW 31 AVENUE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CHAI
Name: JOHNSON, DOROTHY CHAIR
Address: 13724 N. W. 22ND PLACE
City-St-Zip: OPA LOCKA, FL 33054

Title: VCHA
Name: STRACHAN, RICHARD VCHAIR
Address: 8841 N. W. 14TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: SECR
Name: ROSETE, ISABELLA SECRETA
Address: 2835 N. W. 50TH STREET
City-St-Zip: MIAMI, FL 33142

Title: TREA
Name: DEMERRITTE, EDWIN T TREASUR
Address: 5301 N. W. 18TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: BDME
Name: CAPP, LARRY BOARD M
Address: 111 N. W. 1ST STREET, SUITE 620
City-St-Zip: MIAMI, FL 33128

Title: PRES
Name: PINKNEY, ENID C PRES/CE
Address: 4990 N. W. 51ST STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. ENID C. PINKNEY

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date