## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

BLACKWATER HOUSING CORPORATION					
Principal Plac	co of Business	. Mailing Address			
SOC DADY AV	ENN - 348 MIRACE SIRIF	/) · · ·	.,		
-306 PARK AVE NN - 348 //hrycu Syryffruy 348 MIRACLE STRIP PKWY MILTON FL 32548 Communication 13				3. Date Incorporated or Qualified	
WILTON FL 32548  SULTA 13  FT WALTON BEACH FL 32548  US				04/28/1992	
	1 1 White States	US		4. FEI Number	Applied For
9 Dein ein al f	5754			59-3221444	Not Applicable
21	Place of Business	2e. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt #, etc.				6. Flection Campaign Financing	\$5.00 May Be
22				Trust Fund Contribution	LJ Added to Fees
				7. Is this nonprofit corporation a hon	~~
Zip	Country		Country	L	Yes No
24	25	F	<del></del>	8. This corporation owes or has paid	
[24]	9. Name and Address of Curr	29 29 Anent	[30]	Personal Property Tax due June 3  10. Name and Address of New Reg	
		The state of the s	81 Name	IU. Hallio allo Addiess Ul Hew Neg	istered Agent
KENT, MICHAEL G					
348 MIRACLE STRIP PKWY			B2 Street A	ddress (P.O. Box Number is Not Acceptable	9)
STE 13			83		
	TON BEACH FL 32548				į
11117	TON DENOTIFE 32340		84 City		FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 617.05 registered agent, or both, in the Sta	502 and 617.1508, Florida Statutite of Florida. Such change was a	es, the above-named cauthorized by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE		igations of, Section 617,0503, Fig	orida Statutos.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOT	E Registered Agent signature re	equired when reinstaling)	DATE
12.	T	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	₹ DELETE	1 1 TITLE	FUSE AL DIVIS	Change 💢 Addition
NAME	EZELL, LYDIA	/ \	1.2 NAME	EUGENE DAVIS 5988 HWY 90, SWIZE 4731	•
STREET ADDRESS	801 S E CAROLINE ST		1.3 STHEET ADDRESS	A -	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE	SD	DELETE	21 TITLE	Har Brien	Change Addition
NAME	BREWTON, ALFRED	/	2.2 NAME	6401 Hwy 90, Sune A	, ,
STREET ADORESS	602 BYRON ST. #104B		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2. 4 CITY - ST - ZIP	MILTON, FL 32570	
TITLE	P#	L DELETE	3.1 TITLE	D	Change Addition
NAME	MILLER, JOHN L		3.2 NAME		
STREET ADORESS	800 CAROLINE ST SE		3 3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	·	3 4. CITY - ST - ZIP	•	
TITLE	AS	DELETE	4.1 THTLE	D	Change Addition
NAME	KENT, MICHAEL G.		4. 2 NAME	IKE NOSTINGED D	• • •
STREET ADDRESS	348 MIBACLE STRIP PKWY	81E 13	4.3 STREET ADDRESS	SES NOTHER ROSS	
CITY-SI-ZIP	FT WALTON BEACH FL		4.4 CITY-ST-7IP	MILSON, FL 32570	
TITLE	_	DELETE	5.1 TITLE	D m 1	Change Addition
NAME			5 2 NAME	IRA MAL HEWATT	, ,
STREET ADDRESS			5.3 STREET ADDRESS	MILTON, FL 32570	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1111110H, FL 32570	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		i

14. Thereby 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 supplient that 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 of the ecciver or trusted employees the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of the attachment with an address.

**SIGNATURE:** 

CITY-ST-ZIP

850-664-600

**FILED** 

Apr 22 1998 8:00am

Secretary of State