

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003330 (8)

1. Corporation Name
COMMUNITY PARTNERSHIP FOR HOMELESS, INC.



Principal Place of Business
**701 BRICKELL AVE.
 STE. 1710
 MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE.
 STE. 1710
 MIAMI FL 33131**

3. Date Incorporated or Qualified **07/23/1993** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business
21 1550 North Miami Avenue

2a. Mailing Address
26 1550 North Miami Avenue

4. FEI Number **65-0425069** Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 City & State

27 Suite, Apt. #, etc.
 City & State

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

23 **Miami, Florida**

28 **Miami, Florida**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33136** 25 Country **USA**

29 Zip **33136** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**OSMOND C. HOWE, JR. ESQ.
 200 S. BISCAYNE BLVD.
 STE. 4500
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ALVAH H JR.	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIGOYA, CARLOS A	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, IRENE	
STREET ADDRESS	100 N. BISCAYNE BLVD. #2402	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	LEWIS, LYNN B.
3.4 CITY-ST-ZIP	1101 BRICKELL AVE. #703 MIAMI, FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, director, or trustee 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lynn B. Lewis** 6/26/96 (305) 374-0148
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)