

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004865 (0)**

1. Corporation Name

CUTLER NON-PROFIT HOUSING CORPORATION



Principal Place of Business

Mailing Address

1519 26TH STREET
SANTA MONICA CA 90404

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SANTA MONICA CA 90404

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 1519 Twenty-Sixth Street

26 1519 Twenty-Sixth Street

4. FEI Number
95-4548332

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
Santa Monica, CA

28 City & State
Santa Monica, CA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
90404

25 Country
Los Angeles

29 Zip
90404

30 Country
Los Angeles

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAJTAR, STEVEN A
1850 LEE ROAD, #115
WINTER PARK FL 32789**

81 Name
Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
NAME **STONE, DAVID**
STREET ADDRESS **30961 W AGOURA ROAD, #219**
CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361**

TITLE **D** DELETE
NAME **WALTON, CAROL**
STREET ADDRESS **10875 SW 216TH ST, #720**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** DELETE
NAME **DAVIS, EDDIE**
STREET ADDRESS **10875 SW 216TH ST, #514**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **D/P** Change Addition
1.2 NAME **Jeffrey D. Moore**
1.3 STREET ADDRESS **7906 Naylor Avenue**
1.4 CITY-ST-ZIP **Los Angeles, CA 90045**

2.1 TITLE **D/S** Change Addition
2.2 NAME **Grover Pike**
2.3 STREET ADDRESS **6666 Yucca Street, #5**
2.4 CITY-ST-ZIP **Los Angeles, CA 90028**

3.1 TITLE **D/T** Change Addition
3.2 NAME **Sallie Tyler**
3.3 STREET ADDRESS **10875 S.W. 216th Street**
3.4 CITY-ST-ZIP **Goulds, FL 33170**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)