

9-2-97 B-8274 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003330 (8)**

1. Corporation Name  
**COMMUNITY PARTNERSHIP FOR HOMELESS, INC.**



Principal Place of Business <b>1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131 US</b>	Mailing Address <b>1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
<b>33136</b>	<b>30</b>

3. Date Incorporated or Qualified <b>07/23/1993</b>	3a. Date of Last Report <b>07/09/1996</b>
4. FEI Number <b>65-0425069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Lynn M. Summers</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1550 North Miami Ave</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33136</b>

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 *Lynn M. Summers* **Lynn M. Summers Executive Director** **8/25/97**

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 <b>PD</b>	NAME <b>CHAPMAN, ALVAH H JR.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>ONE HERALD PLAZA</b>	CITY-ST-ZIP <b>MIAMI FL 33132-1693</b>	
TITLE <b>TD</b>	NAME <b>MIGOYA, CARLOS A</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>200 S. BISCAYNE BLVD.</b>	CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>SD</b>	NAME <b>LEWIS, LYNN B</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1101 BRICKELL AVENUE 703</b>	CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	NAME <b>HARRIS, DOUGLAS</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>ONE HERALD PLAZA</b>	CITY-ST-ZIP <b>MIAMI FL 33132-1693</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS <b>See List Attached</b>	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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 REQUIRED

CR2E037 (4/97)

7/17/97

COMMUNITY PARTNERSHIP for HOMELESS, INC. - BOARD LIST

The Honorable Mike Abrams (LIZ)  
Rauscher Pierce Ressnes, Inc.  
201 South Biscayne Blvd., #830  
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FAX: 577-4838

Richard B. Adams, Jr., Esquire (BEA)  
Senior Partner, Adams & Adams  
5th Floor, Concord Building  
66 West Flagler Street  
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Phone: 371-3333  
FAX: 372-3987

Mr. William H. Allen, Jr. (LYNN)  
Vice Chairman  
NationsBank, N.A. (South)  
FL 7-950-30-05  
100 S.E. Second Street, 30th Floor  
Miami, FL 33131-2100  
Phone: 533-2388  
FAX: 533-2391

James Armstrong, Esquire (MYRNA)  
Partner  
Kelley Drye & Warren  
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FAX: 372-2490

Mrs. Jean Batten  
Temporary Address:  
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Ms. Jill Beach  
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6841 S.W. 49 Street  
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Beeper: 567-4618  
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Dr. Evalina Bestman (ANNA)  
Director  
New Horizons Mental Health Center  
1313 N.W. 36 Street, Suite 400  
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Mr. David Blumberg (MARIANNE)  
Chairman  
Blumberg Group, Inc.  
255 Alhambra Circle, Suite 1100  
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BellSouth  
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PLC Investments, Inc.  
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Mr. Alvah H. Chapman, Jr. (JANE)  
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% Knight-Ridder, Inc.  
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Mr. Kerry Clemmons (LAURA)  
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Ms. Claudia Clunis  
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The Honorable Miguel A. De Grandy (ROSA)  
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Foundation of South Florida  
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Mr. Stewart P. Thomas  
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- Dr. John Uribe (CECILIA)  
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Miami Metropolitan Area Commander  
The Salvation Army  
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Reverend Tommy Watson  
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Mr. Jay Weiss (TERRI)  
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Most Reverend Thomas Wenski  
Bishop Elect  
Archdiocese of Miami  
% Catholic Charities  
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