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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131 US	Mailing Address 1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33136 US
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3. Date Incorporated or Qualified
07/23/1993

4. FEI Number
65-0425069

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 1550 N. Miami Ave	2a. Mailing Address 26 1550 N. Miami Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33136	Country 25
Country 29	Zip 30 33136

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SUMMERS, LYNN M
 1550 N MIAMI AVE
 MIAMI FL 33136**

10. Name and Address of New Registered Agent

81 Name	
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 _____ (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 type="checkbox"/> DELETE
NAME	LEWIS, LYNN B	
STREET ADDRESS	1101 BRICKELL AVENUE 703	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS,	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H JR	
STREET ADDRESS	100 SE SECOND ST 30TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUMBERG, DAVID	
STREET ADDRESS	255 ALHAMBRA CIR STE 1100	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chapman, Alvah H. Jr.	
1.3 STREET ADDRESS	One Herald Plaza	
1.4 CITY-ST-ZIP	Miami, Fl 33132-1693	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1390 Brickell Ave Suite 280	
3.4 CITY-ST-ZIP	Miami, Florida 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	800002416848	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-01/30/98--01014--011	ON
5.3 STREET ADDRESS	***70.00	1-30
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	See List Attached	
6.4 CITY-ST-ZIP		

14. I 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; that I am 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: *Lynn B. Lewis* **Lynn B. Lewis** 1/15/98 (305) 374-0148

CR2E037 (10/97)