

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 33136 US</b>
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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 <b>21 1550 N. Miami Ave</b>	2a. Mailing Address <b>26 1550 N. Miami Ave</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami, Fl</b>	City & State <b>28 Miami, Fl</b>
Zip <b>24 33136</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30 33136</b>

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPMAN, ALVAH H JR.</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132-1693</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MIGOYA, CARLOS A</b>	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, LYNN B</b>	
STREET ADDRESS	<b>1101 BRICKELL AVENUE 703</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, DOUGLAS,</b>	
STREET ADDRESS	<b>ONE HERALD PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132-1693</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, WILLIAM H JR</b>	
STREET ADDRESS	<b>100 SE SECOND ST 30TH FL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLUMBERG, DAVID</b>	
STREET ADDRESS	<b>255 ALHAMBRA CIR STE 1100</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Chapman, Alvah H. Jr.</b>	
1.3 STREET ADDRESS	<b>One Herald Plaza</b>	
1.4 CITY-ST-ZIP	<b>Miami, Fl 33132-1693</b>	
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	<b>1390 Brickell Ave Suite 280</b>	
3.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
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	<b>800002416848</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-01/30/98--01014--011</b>	<b>ON</b>
5.3 STREET ADDRESS	<b>***70.00</b>	<b>1-30</b>
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>See List Attached</b>	
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)