FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N93000003330 (8)

COMMUNITY PARTNERSHIP FOR HOMELESS, INC.

PH	ncipal Place of Busines	ь	Mailing Address				
1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33131			1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33136			3. Date Incorporated or Qualified 07/23/1993	
US			US			4. FEI Number	Applied For
						65-0425069	Not Applicable
2. Principal Place of Business 21 1550 N. Miami Ave			2a. Mailing Address 26 1550 N. Miami Ave			5. Certificate of Status Desired	8.75 Additional Fee Required
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5.00 May Be Added to Fees
23	City & State		City & State 28 Miami, F1			7. Is this nonprofit corporation a homeowners association?	
24	Zip 33136	Country 25	Zip 29 33136 30	Country	у	This corporation owes or has paid the current Personal Property Tax due June 30. Y	· _ ~
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	9. Name	and Address of Current I	Registered Agent			10. Name and Address of New Registered Age	int
	9. Name	and Address of Current I	Registered Agent	81	Name	10. Name and Address of New Registered Age	ont
			Registered Agent		1,10	•	int
	SUMMERS, LYNN N		Registered Agent	81	1,10	10. Name and Address of New Registered Age Address (P.O. Box Number is Not Acceptable)	ent
			Registered Agent		Street /	•	ont .
	SUMMERS, LYNN N 1550 N MIAMI AVE		Registered Agent	82	Street	•	
11.	SUMMERS, LYNN M 1550 N MIAMI AVE MIAMI FL 33136 Pursuant to the provis office or registered ag	ions of Sections 617.0502 gent, or both, in the State of	and 617.1508. Florida St atutes.	83 84 the aboverorized b	City re-named y the corp	Address (P.O. Box Number is Not Acceptable)	IS Zip Code
í	SUMMERS, LYNN M 1550 N MIAMI AVE MIAMI FL 33136 - Pursuant to the provis office or registered ag agent. I am familiar with	ions of Sections 617.0502 a gent, or both, in the State of th, and accept the obligation	and 617.1508, Florida Statutes, Florida. Such change was auth ons of, Section 617.0503, Florida	82 83 64 the aboviorized b a Statute	City re-named y the corps.	Address (P.O. Box Number is Not Acceptable) FL 8 corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appoint	IS Zip Code
SIC	SUMMERS, LYNN M 1550 N MIAMI AVE MAMI FL 33136 Pursuant to the provis office or registered ag agent. I am familiar will SNATURE Signalure, typed	ions of Sections 617.0502 a gent, or both, in the State of th, and accept the obligation or printed name of registered agent a	and 617.1508, Florida Statutes, Florida. Such change was auth ons of, Section 617.0503, Florida and title II applicable (NOTE Re	63 64 the above orized be a Statute	City re-named y the corps.	Address (P.O. Box Number is Not Acceptable) FL 8 corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appoint	2 Zip Code anging its registered ment as registered
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CHAPMAN, ALVAH H JR. NAME Chapman, Alvah H. Jr. **ONE HERALD PLAZA** 1.3 STREET ADDRESS STREET ADDRESS One Herald Plaza Miami, Fl 33132-1693 MIAMI FL 33132-1693 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change 2.1 TITLE Addition TITLE MIGOYA, CARLOS A 2.2 NAME NAME 200 S. BISCAYNE BLVD. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2. 4 CITY - ST - ZIP SD ☐ DELETE 3.1 THILE Change Addition TITLE LEWIS, LYNN B NAME 3.2 NAME 1101 BRICKELL AVENUE 703 STREET ADDRESS 3.3 STREET ADDRESS 1390 Brickell Ave Suite 280 MIAMI FL CITY-ST-ZIP 3.4. CITY - ST-ZIP Miami, Florida 33131 ☐ DELETE 4.1 TITLE ☐ Change noitibba 🔲 TITLE HARRIS, DOUGLAS, NAME 4.2 NAME ONE HERALD PLAZA STREET ADDRESS 4.3 STREET ADORESS MIAMI FL 33132-1693 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 80000241684 Trange Addition TITLE 5.1 TITLE (**)**W -01/30/98--01014--011 ALLEN, WILLIAM H JR 5.2 NAME 100 SE SECOND ST 30TH FL ***78.00 STREET ADDRESS 5.3 STREET ADDRESS 1-30 MIAMI FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3 DELETE 6.1 TITLE Change Addition NAME **BLUMBERG, DAVID** 6.2 NAME 255 ALHAMBRA CIR STE 1100 STREET ADDRESS 6.3 STREET ADDRESS See List Attached **CORAL GABLES FL** 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 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 corrigation of 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, order an attachment with an address.

SIGNATURE:

1 17. fenis

Junn B. royele

1/15/98 (305) 374-0148

FILED

Jan 30 1998 8:00am

Secretary of State

CR2E037 (10/97)