

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003784

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**8373897685CC**

**Entity Name:** THE HISTORIC HAMPTON HOUSE COMMUNITY TRUST, INC.

**Current Principal Place of Business:**

4240 NW 27TH AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

4240 NW 27TH AVENUE  
MIAMI, FL 33142 US

**FEI Number: 30-0120658**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLYER, JACQUETTA B  
4240 NW 27TH AVENUE  
MIAMI, FL 33142 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JACQUETTA B. COLYER**

**05/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name PRESCOTT, MICHELLE A ESQ.  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name LEE, JUSTIN  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title PRESIDENT  
Name COLYER, JACQUETTA B  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title VC  
Name GEORGE, DEBORAH DR.  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title TREASURER  
Name GAY, JOHN  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name PASCHAL, FLETCHER  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name PEOPLES, GERA  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title DIRECTOR  
Name PLAYER, ALETHA  
Address 4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN GAY**

**TREASURER**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SLATER, CLAUDIA  
Address        4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142

Title           SECRETARY  
Name           WALLACE, HARRY  
Address        4240 NW 27TH AVENUE  
City-State-Zip: MIAMI FL 33142