# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725108 (5)

1. Corporation Name

**GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 43 N. KROME AVE.<br>2ND FLOOR<br>HOMESTEAD FL 33030<br>US | 43 N. KROME AVE<br>2ND FLOOR<br>HOMESTEAD FL 33030<br>US |

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

3. Date Incorporated or Qualified: 12/28/1972
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-0652495 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

SOVIA, KIM M
43 N. KROME AVE., 2ND FLOOR
HOMESTEAD FL 33030

**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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CDP | ☒ DELETE | 1.1 TITLE | P/D | ☐ Change ☒ Addition |
| NAME | REES, EVAN | | 1.2 NAME | Phillips, Roy | |
| STREET ADDRESS | 150 W GLAGLER AVE., 2ND FLR | | 1.3 STREET ADDRESS | 500 College Terrace | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | Homestead, Fl. 33030 | |
| TITLE | CD | ☐ DELETE | 2.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | REES, EVAN | | 2.2 NAME | Rees, Evan | |
| STREET ADDRESS | 850 N. HOMESTEAD BLVD. | | 2.3 STREET ADDRESS | 701 Brickell Ave., 4th Floor | |
| CITY-ST-ZIP | HOMESTEAD FL | | 2.4 CITY-ST-ZIP | Miami, Fl. 33131 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | V/D | ☐ Change ☒ Addition |
| NAME | HARBIN, ANDREW | | 3.2 NAME | Boulenger, Albert | |
| STREET ADDRESS | P. O. BOX 1488 N/A | | 3.3 STREET ADDRESS | 160 N.W. 13th. st. | |
| CITY-ST-ZIP | HOMESTEAD FL | | 3.4 CITY-ST-ZIP | Homestead, Fl. 33030 | |
| TITLE | C | ☒ DELETE | 4.1 TITLE | T/D | ☐ Change ☒ Addition |
| NAME | ATKINS, JAMES | | 4.2 NAME | Huard, Mark | |
| STREET ADDRESS | 8101 SW 140TH TERR | | 4.3 STREET ADDRESS | 850 N. Homestead Blvd. | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | Homestead, Fl. 33030 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELLER, TOM | | 5.2 NAME | | |
| STREET ADDRESS | 65 NW 16 ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | VC | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRACKIN, WAYNE | | 6.2 NAME | | |
| STREET ADDRESS | 160 NW 13 ST. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOMESTEAD FL | | 6.4 CITY-ST-ZIP | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** _____ 3-28-96 305-247-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark L. Huard