

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
1995 JUN 16 PM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727927 (6)

**1. Corporation Name
NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CON
FERENCE, INC.**

Principal Place of Business Mailing Address
1600 N W 3RD AVE 1600 N W 3RD AVE
MIAMI FL 33136 MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1973 **3a. Date of Last Report** 08/24/1994
4. FBI Number 59-1653921 **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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **29** Country **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNOX, GEORGE F.
25 WEST FLAGLER STREET, PENTHOUSE
MIAMI FL 33130-8712

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	ED
NAME	BELL, JACKIE
STREET ADDRESS	1600 N.W. 3RD AVENUE
CITY - ST - ZIP	MIAMI FL 33136
TITLE	S
NAME	WILLIAMS, ALVIN
STREET ADDRESS	990 NE 125TH STREET
CITY - ST - ZIP	MIAMI, FL 33136
TITLE	T
NAME	HOLLO, TIBOR
STREET ADDRESS	444 BRICKELL AVENUE
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	D
NAME	BURTON, REGINALD
STREET ADDRESS	86 N.E. 207TH ST.
CITY - ST - ZIP	MIAMI, FL 33136
TITLE	D
NAME	COX, SIDNEY
STREET ADDRESS	1300 N.W. 3RD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	THROWER, DOROTHY
STREET ADDRESS	1537 N.W. 3RD AVE.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400001527264
2.3 STREET ADDRESS	-06/29/95--01066--010
2.4 CITY - ST - ZIP	****216.25 ****155.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DPT/6/16
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #