


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727927 (6)

1. Corporation Name
NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CONFERENCE, INC.

Principal Place of Business 1600 N W 3RD AVE MIAMI FL 33136	Mailing Address 1600 N W 3RD AVE MIAMI FL 33136
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1600 N.W. 3 Ave		26 1600 N.W. 3 Ave		10/25/1973		05/01/1996	
22 Suite, Apt. #, etc. N/A		27 Suite, Apt. #, etc. N/A		4. FEI Number		Applied For	
23 Miami, Fl.		28 Miami, Fl.		59-1653921		Not Applicable	
24 33136		25 Dade		29 33136		30 Dade	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

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			

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	ED	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JACKIE		1.2 NAME				
STREET ADDRESS	1600 N.W. 3RD AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33136		1.4 CITY-ST-ZIP				
TITLE	<i>President</i>	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ALVIN		2.2 NAME				
STREET ADDRESS	990 NE 125TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33138		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLO, TIBOR		3.2 NAME				
STREET ADDRESS	444 BRICKELL AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33130		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Joyce Carter Key			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, REGINALD		4.2 NAME	3398 N.W. 212 Street			
STREET ADDRESS	86 N.E. 207TH ST.		4.3 STREET ADDRESS	Miami, Fl. 33136			
CITY-ST-ZIP	MIAMI, FL 33138		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D Richard Isaac			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, SIDNEY		5.2 NAME	601 N.E. 39 Street #217			
STREET ADDRESS	1300 N.W. 3RD AVE.		5.3 STREET ADDRESS	Miami, Fl. 33127			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D+S Betty Holmes			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THROWER, DOROTHY		6.2 NAME	1600 N.W. # Avenue			
STREET ADDRESS	1537 N.W. 3RD AVE.		6.3 STREET ADDRESS	Miami, Fl. 33136			
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP				

14. I do 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 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 REQUIRED _____

CP2E037 (4/97)