

AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

97 FEB 20 PM 12:40



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DOCUMENT # 730122 (9)
1. Corporation Name
JACKSONVILLE PUBLIC HOUSING TENANT ADVISORY COUNCIL, INC.
REINSTATEMENT 96-97

Principal Place of Business Mailing Address
621 WEST 44 STREET JACKSONVILLE FL 32208
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3. Date incorporated or Qualified 07/02/1974
3a. Date of Last Report 08/25/1995

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

4. FEI Number 59-2854238 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
PERRY, MARY
621 WEST 44TH ST
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent
81 Name Henry D. Baker
82 Street Address (P.O. Box Number is Not Acceptable) 621 West 44th Street
83 Jacksonville
84 City Jacksonville FL 85 Zip Code 32208

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]* DATE: 2-12-97
Signature, typed or printed name of registered agent and block if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	PERRY, MARY	
STREET ADDRESS	329 MARTIN LUTHER JR DR	
CITY-ST-ZIP	BALDWIN FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	SLEDGE, VERONICA	
STREET ADDRESS	6750 RANOMI BLVD #206	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	WILLIAMS, ANGELA	
STREET ADDRESS	6750 RAMONA BLVD #234	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	KEE, FELICIA D.	
STREET ADDRESS	39 MARTIN LUTHER KING JR DR	
CITY-ST-ZIP	BALDWIN FL	
TITLE	T	<input type="checkbox"/>
NAME	HARMON, DOROTHY	
STREET ADDRESS	3214 BRENTWOOD AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/>
NAME	ADAMS EMMA LOU	
STREET ADDRESS	1320 BROAD ST #1004	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Henry D. Baker D		
1.3 STREET ADDRESS	621 West 44 th Street		
1.4 CITY-ST-ZIP	Jacksonville, Fl 32208		
2.1 TITLE	vp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	June Mitchell D		
2.3 STREET ADDRESS	621 West 44th Street		
2.4 CITY-ST-ZIP	Jacksonville, Fl 32208		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Thomasena Owens D		
3.3 STREET ADDRESS	230 East 1 st Street		
3.4 CITY-ST-ZIP	Jacksonville, Fl 32208		
4.1 TITLE	AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Fredricka Cato D		
4.3 STREET ADDRESS	621 West 44th Street		
4.4 CITY-ST-ZIP	Jacksonville, Fl 32208		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 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: *[Signature]* SIGNATURE REQUIRED
DATE: 7-24-97 DAYTIME PHONE #: 924-0598
Signature and typed or printed name of signing officer or director

CR2E037 (3/96)