FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(9)

JACKSONVILLE PUBLIC HOUSING TENANT ADVISORY COUN

FILED Apr 08 1998 8:00am Secretary of State

0.2,							
Principal Place	e of Business	Mailing Address	-	r industriando iriir galari airin iring iring arang iring arang	MINIT NENTE MARKE NAME !	QIQII IBBI	
' 621 WEST 44 STREET 621 WEST 44 STREET JACKSONVILLE FL 32208 JACKSONVILLE FL 323				3. Date incorporated or Qualified 07/02/1974			
				4. FEI Number	Appli	ied For	
				59-2854238		oplicable	
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Add	•	
21 621 west 44th st. Suite, Apt. #, etc.		26 621 West 44th St. Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required		
22		27		6. Election Campaign Financing Trust Fund Contribution	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
City & State Jacksonville, Fl		City & State Jacksonville, Fl		7. Is this nonprofit corporation a homeowners association?			
^{Zip} 32208	Country	Zig 32208	Country Duval	8. This corporation owes or has paid the	current year Intang	gible	
24 32200	[25]		Duvai	Personal Property Tax due June 30.	Yes 🔲 t		
	9. Name and Address of Current	Registered Agent	lad to	10. Name and Address of New Registers	d Agent		
			81 Name	Henry Baker			
BAKER, HENRY				Address (P.O. Box Number is Not Acceptable)			
621 WEST 44TH STREET			62	1 West 44th Street			
JACKSO	NVILLE FL 32208		83				
			84 City	Jacksonville F	L 85 Zip Co	de) B	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	, the above-named			egistered	
ornce or r	egistered agent, or both, in the State of m tamiliar with, and accept the obliga	or Horida. Such change was aut tions of, Section 617.0503, Flori	tnorized by the corp da Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as rec	gistered	
SIGNATURE	•	alpm		U-3-9	18		
	Signature, typed or printed name of registered agen	t and little if applicable (NOTE: F		required when reinstating) DATE	-0		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD HENDY D	☐ DELETE	1.1 TITLE		☐ Change [Addition	
NAME	BAKER, HENRY D		1.2 NAME				
STREET ADDRESS	621 WEST 44TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32208 VPD	DELETE	1.4 CITY-ST-ZIP		K Change	Addition	
TITLE		SA DETELE	2.1 TITLE	VPD_	4071 Cusuñe F	Audilion	
KAME	MITCHELL, JUNE D		2.2 NAME	Fredricka Cato			
STREET ADDRESS	621 WEST 44TH STREET		2.3 STREET ADDRESS	621 West 44th Street			
CITY-ST-ZIP	JACKSONVILLE FL 32208 SD	DELETE	2. 4 CITY-ST-ZIP	Jacksonville, Fl 32208		Addition	
TITLE	OWENS, THOMASENE	C Detele	3.1 TITLE		FTI Alkaliño I	AUDIUUII	
NAME	230 EAST 1ST STREET		32 NAME				
STREET ADDRESS	JACKSONVILLE FL 32208		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	ASD ASD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	ASD	K Change	Addition	
NAME	CATO, FREDRICKA	DCCC+C	4.1 TITLE 4.2 NAME	Princeen Henderson	deta pustudo - F		
STREET ADDRESS	621 WEST 44TH STREET		4.2 NAME 4.3 STREET ADDRESS	621 West 44th Street			
CITY-ST-ZIP	JACKSONVILLE FL 32208		4.4 CITY - ST - ZIP	Jacksonville, Fl 32208	j	ŀ	
TITLE		X DELETE	5.1 TITLE	T		Addition	
NAME	HARMON, DOROTHY		5.2 NAME	Doretha Fussell			
STREET ADDRESS	3214 BRENTWOOD AVE.		5.3 STREET ADDRESS	621 West 44th Street			
CITY+ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, Fl 32208	}		
TITLE	C	DELETE	6.1 TITLE	-	☐ Change	Addition	
NAME	ADAMS EMMA LOU		6.2 NAME				
STREET ADDRESS	1320 BROAD ST #1004		6.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		-		
		th this filing does not qualify for		I ed in Section 119 07/3/ii) Florida Statutes I further	certify that the in	formation	

Indicated on this annual report or supplied with this hilling does not quality for the exemptor stated in section 118.00(3)). Fordal statutes. Indicates in 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 cath; 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.

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