

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**

95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736962 (2)
1. Corporation Name
HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.

Principal Place of Business Mailing Address
**830 N. KROME AVE. 830 N. KROME AVE.
335 NW 20TH ST. 335 NW 20TH ST.
HOMESTEAD FL 33000 HOMESTEAD FL 33000**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1976	3a. Date of Last Report 01/24/1994
4. FEI Number 59-1738397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LYNN, SANDRA T.
830 N. KROME AVE
335 NW 20 ST.
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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JENSEN, ROBERT
STREET ADDRESS	18840 S.W. 295TH TERRACE
CITY - ST - ZIP	HOMESTEAD FL 33030
TITLE	VD
NAME	LYNN, SANDRA T.
STREET ADDRESS	335 N.W. 20TH STREET
CITY - ST - ZIP	HOMESTEAD FL 33030
TITLE	VD
NAME	HANCK, BARBARA
STREET ADDRESS	15900 S.W. 258TH STREET
CITY - ST - ZIP	HOMESTEAD FL 33031
TITLE	SD
NAME	KING, ROSE D.
STREET ADDRESS	2509 S.E. 20TH PLACE
CITY - ST - ZIP	HOMESTEAD FL 33035
TITLE	TD
NAME	PENA, JOLAYNE
STREET ADDRESS	18000 S.W. 280TH STREET
CITY - ST - ZIP	HOMESTEAD FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both, and the initial with an address.

SIGNATURE: *Sandra T. Lynn* **SANDRA T. LYNN**
 DATE: 1-26-95 (305)2476501
 OFFICER OR DIRECTOR