

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96 B-6357-C

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 33030 HOMESTEAD FL 33030

3. Date Incorporated or Qualified 10/04/1976 3a. Date of Last Report 04/19/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1738397	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	City & State		City & State		<input type="checkbox"/>	
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Zip		Zip			
25	25	30	30			
	Country		Country			

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JENSEN, ROBERT	1.1 TITLE	President
NAME	18640 S.W. 295TH TERRACE	1.2 NAME	Lynn, Sandra T.
STREET ADDRESS	HOMESTEAD FL 33030	1.3 STREET ADDRESS	335 N.W. 20 St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VD LYNN, SANDRA T.	2.1 TITLE	v.p. /Director
NAME	335 N.W. 20TH STREET	2.2 NAME	Robert Douglas, M.D.
STREET ADDRESS	HOMESTEAD FL 33030	2.3 STREET ADDRESS	29450 S.W. 185th
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VD HANCK, BARBARA	3.1 TITLE	VP
NAME	15900 S.W. 258TH STREET	3.2 NAME	Autzke, Suzanne
STREET ADDRESS	HOMESTEAD FL 33031	3.3 STREET ADDRESS	18300 S.W. 288 St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	SD KING, ROSE D.	4.1 TITLE	Sec/Director
NAME	2509 S.E. 20TH PLACE	4.2 NAME	King, Rose D.
STREET ADDRESS	HOMESTEAD FL 33035	4.3 STREET ADDRESS	2509 S.E. 20th Pl.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	TD PENA, JOLAYNE	5.1 TITLE	Treas/Director
NAME	18000 S.W. 280TH STREET	5.2 NAME	Pena, Jolayne
STREET ADDRESS	HOMESTEAD FL 33031	5.3 STREET ADDRESS	18101 S.W. 285 St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jolayne D. Pena DATE: May 1, 1996 DAYTIME PHONE #: 305-247-2877

CR2E037 (12/95)