

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740726 (5)**
1. Corporation Name
THE ELY ESTATES TENANT ORGANIZATION, INC.

Principal Place of Business Mailing Address
% JAMES LAMAR **% JAMES LAMAR**
520 NW 16TH CT #85 **520 NW 16TH CT #85**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33060**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1977** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-2496036** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business **1650 N.W. 7 Ave.** 2a. Mailing Address **1650 N.W. 7 Ave. Pompano FL 33060**
21. **Trudy Richard Pompano FL 33060** 26. **Trudy Richard Pompano FL 33060**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **1650 N.W. 7 Ave.** 27. **1650 N.W. 7 Ave.**
City & State City & State
23. **Pompano Bch FL** 28. **Pompano Bch**
Zip Country Zip Country
24. **33060** 25. **Broward** 29. **33060** 30. **Broward**

9. Name and Address of Current Registered Agent
LAMAR, JAMES
520 NW 16 CT #85
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name **Trudy Richard**
82 Street Address (P.O. Box Number is Not Acceptable) **1650 N.W. 7 Ave.**
83
84 City **Pompano Bch** FL 85 Zip Code **33060**

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 **Willie Ruth Heath** **Willie Ruth Heath SD** **4/5/95**
Signature, typed or printed name of registered agent and title, if applicable. (P.O. Box Number is Not Acceptable) Registered Agent signature required when transferring. DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LAMAR, JAMES
STREET ADDRESS	520 NW 16TH CT #85
CITY ST ZIP	POMPANO BEACH FL
TITLE	VTD
NAME	MCELHANEY, OSCIE
STREET ADDRESS	601 NW 16TH CT #57
CITY ST ZIP	POMPANO BEACH FL
TITLE	SD
NAME	HEATH, RUTH
STREET ADDRESS	1670 N.W. 5TH AVE. #79
CITY ST ZIP	POMPANO BEACH FL
TITLE	TD
NAME	QUINN, PEGGY
STREET ADDRESS	611 NW 16TH PL #35
CITY ST ZIP	POMPANO BEACH FL
TITLE	AS
NAME	ADAMS, WILLIE REAN
STREET ADDRESS	1631 NW 6TH AVE #2
CITY ST ZIP	POMPANO BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Trudy Richard
13 STREET ADDRESS	1650 N.W. 7th Ave.
14 CITY ST ZIP	Pompano Bch, FL. 33060
21 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Varrie Bibb
23 STREET ADDRESS	1661 N.W. 7 Terr.
24 CITY ST ZIP	Pompano Bch, FL 33060
31 TITLE	S.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Willie Ruth Heath
33 STREET ADDRESS	561 N.W. 16th Pl.
34 CITY ST ZIP	Pompano Bch, FL. 33060
41 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Annie L. Smith
43 STREET ADDRESS	541 N.W. 16 Ct.
44 CITY ST ZIP	Pompano Bch, FL 33060
51 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Shirley A. Blue
53 STREET ADDRESS	1641 N.W. 7 Ave.
54 CITY ST ZIP	Pompano Bch, FL. 33060
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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: **Willie Ruth Heath** **Willie Ruth Heath SD** **4/5/95** **EXT 343** **(305) 396-2442**
Signature, typed or printed name of signing officer or director. Date (Signature Overlap)