

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **740726** (5)

1. Corporation Name

**THE ELY ESTATES TENANT ORGANIZATION, INC.**



Principal Place of Business

Mailing Address

C/O TRUDY RICHARD  
1650 NW 7 AVE  
POMPANO BEACH FL 33060  
US

C/O TRUDY RICHARD  
1650 NW 7 AVE  
POMPANO BEACH FL 33060  
US

3. Date incorporated or Qualified  
**11/08/1977**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business  
21 **1620 N.W. 6 Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 1828**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2496036**

Applied For  
Not Applicable

22 City & State  
23 **Pompano Bch FL**

27 City & State  
28 **Pompano Bch FL**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33060** 25 **America**

29 **33060** 30 **America**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD, TRUDY  
1650 NW 7 AVE  
POMPANO BEACH FL 33060

81 Name **Bibb, Varrie**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1661 N.W. 7th Terr**  
83 **Pompano Bch, FL 33060**  
84 City **FL** 85 Zip Code

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 **Varrie Bibb**  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/12/96**  
Date

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD, TRUDY	
STREET ADDRESS	1650 NW 7 AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIBB, VARRIE	
STREET ADDRESS	1661 NW 7 TERR	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEATH, WILLIE RUTH	
STREET ADDRESS	561 NW 16TH PL	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, ANNIE L	
STREET ADDRESS	541 NW 16 CT	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLUE, SHIRLEY A	
STREET ADDRESS	1641 NW 7 AVE	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BIBB Varrie	
1.3 STREET ADDRESS	1661 N.W. 7th Terr.	
1.4 CITY - ST - ZIP	Pompano Bch, FL 33060	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bibb, Varrie	
2.3 STREET ADDRESS	1661 N.W. 7th Terr	
2.4 CITY - ST - ZIP	Pompano Beach, FL 33060	
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 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: **Willie Ruth Heath** **2/12/96** **(954) 346-2442**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)