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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 742389 (0)  
1. Corporation Name  
MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.

Principal Place of Business  
77 W PLAZA, SUITE 205  
NORTHSIDE SHOPPING CENTER  
MIAMI FL 33147

Mailing Address  
77 W PLAZA, SUITE 205  
NORTHSIDE SHOPPING CENTER  
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1978  
3a. Date of Last Report 02/02/1994

4. FEI Number 59-1845761  
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 Business  
21 Business 22 Suite, Apt 23 City & St 24 Zip 25 Country

2a. Mailing Address  
26 77 West Plaza 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
W. MS, GAIL L.  
1 PLAZA STE 235  
NORTHSIDE SHOPPING CENTER  
MIAMI FL 33147

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 77 West Plaza  
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 Harold J. Williams, Executive Director 1/20/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MOORE, MILTON
STREET ADDRESS	2015 N.W. 86TH TERR.
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	POWELL, LOUIS
STREET ADDRESS	150 SE 3RD AVE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	GRAYSON, LOUELLA
STREET ADDRESS	8465 N.W. 12TH AVE
CITY - ST - ZIP	MIAMI FL 33147
TITLE	VD
NAME	GILBERT, RALPH
STREET ADDRESS	CITY NATIONAL BANK/25 WEST FLAGLER STREET
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	TD
NAME	CARTER, HOWARD
STREET ADDRESS	1205 N.W. 103RD LANE, #115
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	BONNER, GOLLIE H REV.
STREET ADDRESS	9830 S.W. 121ST STREET
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LORRAINE MITCHELL	
1.3 STREET ADDRESS	1913 NW 86TH TERRACE	
1.4 CITY - ST - ZIP	MIAMI, FL 33147	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REV. JUAN A. GONZALEZ	
2.3 STREET ADDRESS	2362 NW 99TH STREET	
2.4 CITY - ST - ZIP	MIAMI, FL 33147	
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	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOUIS F. POWELL, JR.	
5.3 STREET ADDRESS	NATIONSBANK	
5.4 CITY - ST - ZIP	150 SE 3RD AVENUE, MIAMI, FL 33131	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment, with an address.

SIGNATURE: Harold J. Williams 1/20/95 691-1672  
Signature and Typed or Printed Name of Signing Officer or Director Date (Maximum 1 Year)