

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 742389 (0)
1. Corporation Name
MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.Principal Place of Business
77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147
Mailing Address
77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147-47333. Date Incorporated or Qualified
04/21/1978
3a. Date of Last Report
02/12/19962. Principal Place of Business
21
2a. Mailing Address
264. FEI Number
59-1845761
Applied For
Not ApplicableSuite, Apt. #, etc.
22
Suite, Apt. #, etc.
275. Certificate of Status Desired ☒ \$8.75 Additional
Fee RequiredCity & State
23
City & State
286. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to FeesZip
24
Country
25
Zip
29
Country
308. 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

WILLIAMS, GAIL L.
77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 3314781 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MITCHELL, LORRAINE
1913 N.W. 88TH TERRACE
MIAMI FL 33147 ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
WILCOX, THADDEUS
PEOPLES NAT'L BANK, 3275 NW 79TH ST
MIAMI FL ☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Chairperson
Doretha Nickson
2190 N.W. 135 St.
MIAMI, FL 33147 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GRAYSON, LOUELLA
8465 N.W. 12TH AVE
MIAMI FL 33147 ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GILBERT, RALPH
CITY NATIONAL BANK/25 WEST FLAGLER STREET
MIAMI FL ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
POWELL, LOUIS F JR.
150 S.E. 3RD AVENUE, NATIONSBANK
MIAMI FL ☒ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Vice Chairperson (Lenders)
Principal Officer
Republic Nth. Bank of NY
2 South Biscayne Blvd, Miami
MIAMI, FL 33131 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BONNER, GOLLIE H REV.
9830 S.W. 121ST STREET
MIAMI FL ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doretha Nickson* 1/17/97 305-836-2162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # 0030546

CR2E037 (9/96)