

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 742389

(0)

1. Corporation Name

MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.

Principal Place of Business

Mailing Address

77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147

77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, GAIL L.
77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147

3. Date Incorporated or Qualified

04/21/1978

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. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 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

TITLE SD
NAME MITCHELL, LORRAINE
STREET ADDRESS 1913 N.W. 88TH TERRACE
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

TITLE C
NAME NICHOLSON, DORETHA
STREET ADDRESS 2190 N.W. 135 ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME GRAYSON, LOUELLA
STREET ADDRESS 8485 N.W. 12TH AVE
CITY-ST-ZIP MIAMI FL 33147

☐ DELETE

TITLE TD
NAME GILBERT, RALPH
STREET ADDRESS CITY NATIONAL BANK/25 WEST FLAGLER STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VC
NAME ALGAZE, PATRICIA
STREET ADDRESS 2 SOUTH BISCAYNE BLVD., #1900, REP. NTL.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME BONNER, GOLLIE H REV.
STREET ADDRESS 9830 S.W. 121ST STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *Lorraine Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/98

305-8302162

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 02 1998 8:00am
Secretary of State

