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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 742389**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/21/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1845761

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

24

25

29

30

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 33147

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE  
NAME MITCHELL, LORRAINE  
STREET ADDRESS 1913 N.W. 86TH TERRACE  
CITY-ST-ZIP MIAMI FL 33147

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Beverly Forbes  
1.3 STREET ADDRESS Secretary  
1.4 CITY-ST-ZIP 1141 N.W. Little River Drive  
Miami, FL 33150

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GRAYSON, LOUELLA  
STREET ADDRESS 8465 N.W. 12TH AVE  
CITY-ST-ZIP MIAMI FL 33147

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Treasurer  
4.3 STREET ADDRESS Louis P. Powell, Jr.  
4.4 CITY-ST-ZIP NationsBank, 701 Brickell Avenue, 33rd Floor  
Miami, FL 33131

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

*Sig*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

305-836-2162

Daytime Phone #

CR2E037 (11/98)