FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:10

DOCUMENT # **742948** **(3)**

1. Corporation Name
DADE SENIOR CITIZENS MINORITY HOUSING CORPORATIO N, INC.

Principal Place of Business	Mailing Address
2350 N W 54TH STREET MIAMI FL 33142	2350 N W 54TH STREET MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/02/1978**
3a. Date of Last Report: **04/06/1994**
4. FEI Number: **52-1195276** ☐ 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 of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CHMELIK, JAMES F.
5095 N.W. 96TH WAY
#6
CORAL SPRINGS FL 33067

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, EUGENE	1.2 NAME	
STREET ADDRESS	13704 MIDDLEVALE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SMEDLEY, LAWRENCE T.	2.2 NAME	
STREET ADDRESS	1616 WINDING WAY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAYDEN, HUGH D	3.2 NAME	
STREET ADDRESS	9518 DUFFER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WINPISINGER, MICHAEL	4.2 NAME	
STREET ADDRESS	10201 STAFFORD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLICOTT CITY MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, LUCIUS	5.2 NAME	
STREET ADDRESS	3110 NW 49TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LEATHA	6.2 NAME	
STREET ADDRESS	3363 NW 51ST TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(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: Hugh D Layden Secretary 3/24/95 202/546-9100
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000031

742948

LAW OFFICES OF
MOZER & SWETNICK
817 G STREET, S.E.
WASHINGTON, D.C. 20003
TEL: (202) 546-9100
FAX: (202) 546-7978

817 BROADWAY
NEW YORK, NEW YORK 10007
TEL: (212) 548-2800
FAX: (212) 548-1078

March 27, 1995

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Dade Senior Citizens Minority Housing Corporation, Inc.; #742948

Gentlemen:

Enclosed please find the 1995 Annual Report for the above-referenced entity, together with a check in the sum of $61.25 in payment of the filing fee.

Very truly yours,

Robert J. Mozer

RJM:eho
Enclosures
cc: Eugene Glover, President, Dade Senior Citizens Minority Housing Corporation, Inc.
Hugh D. Layden, Secretary, Dade Senior Citizens Minority Housing Corporation, Inc.
James F. Chmelik, Executive Director, NCSC-HMC