

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754137 (8)

1. Corporation Name

DADE COUNTY OVERALL TENANT ADVISORY COUNCIL, INC



Principal Place of Business

Mailing Address

1407 N.W. 7 STREET
MIAMI FL 33125

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MIAMI FL 33125

3. Date Incorporated or Qualified
09/11/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHACK, HELEN
1407 N.W. 7 STREET
MIAMI FL 33125

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 PCD
NAME WHACK, HELEN
STREET ADDRESS 424 NW 19TH STREET
CITY-ST-ZIP MIAMI FL DELETE

1.1 TITLE PCD Change Addition
1.2 NAME Helen Whack
1.3 STREET ADDRESS 424 NW 19th Street
1.4 CITY-ST-ZIP Miami, FL 33127

TITLE VPD
NAME ~~SCOTT, MARY~~
STREET ADDRESS 801 NW 7TH AVENUE
CITY-ST-ZIP MIAMI FL DELETE

2.1 TITLE VPD Change Addition
2.2 NAME Tessa Robinson
2.3 STREET ADDRESS 6131 N.W. 20th Avenue
2.4 CITY-ST-ZIP Miami, FL 33142

TITLE TD
NAME ~~HENRY, BETTY~~
STREET ADDRESS 28450 SW 152ND AVE LOT 59
CITY-ST-ZIP MIAMI FL DELETE

3.1 TITLE Treasurer TD Change Addition
3.2 NAME Barbara Lindsey
3.3 STREET ADDRESS 255 N.W. 64 Street
3.4 CITY-ST-ZIP Miami, FL 33150

TITLE SD
NAME ~~HARGRETT, CAROLYN~~
STREET ADDRESS 7430 NW 19TH AVENUE
CITY-ST-ZIP MIAMI FL DELETE

4.1 TITLE Corresponding Secretary Change Addition
4.2 NAME Joannette Dupont SD
4.3 STREET ADDRESS 11306 S.W. 191 Lane
4.4 CITY-ST-ZIP Miami, FL 33157

TITLE S
NAME GREEN IVONNE
STREET ADDRESS 41 NW 34TH TERRACE
CITY-ST-ZIP MIAMI FL DELETE

5.1 TITLE 800001774258 Change Addition
5.2 NAME -04/09/96--01116--007
5.3 STREET ADDRESS ***\$61.25
5.4 CITY-ST-ZIP

TITLE RD
NAME ~~KIMBLE, TYRONE~~
STREET ADDRESS 6216 NW 3RD COURT
CITY-ST-ZIP MIAMI FL DELETE

6.1 TITLE Regional Representative Region 1 Change Addition
6.2 NAME Delores Aiken
6.3 STREET ADDRESS 1215 N.W. 95 Street, #208 RD
6.4 CITY-ST-ZIP Miami, FL 33150

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Helen Whack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96

Date

Daytime Phone #

CR2E037 (12/95)