


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767487**

1. Entity Name  
 HOUSING ENTERPRISES OF FORT LAUDERDALE,  
 FLORIDA, INC.



Principal Place of Business      Mailing Address

% DORIS PASCHALL      437 SW 4 AVENUE  
 901 NW 10 AVENUE      FT LAUDERDALE, FL 33315  
 FT. LAUDERDALE, FL 33311



06302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2303299      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASCHALL, DORIS  
 437 SW 4 AVENUE  
 FT. LAUDERDALE, FL 33315

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASCHALL, DORIS W
STREET ADDRESS	437 SW 4 AVENUE
CITY - ST - ZIP	FT LAUDERDALE, FL 33315
TITLE	D
NAME	FELDER, RUBY
STREET ADDRESS	3831 N.W. 4TH PLACE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	WILLIAMS, BARBARA
STREET ADDRESS	1701 N.W. 2ND STREET #18
CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	JACKSON, LIZ
STREET ADDRESS	3280 SPANISH MOSS TERR., #107
CITY - ST - ZIP	LAUDERHILL, FL 33319
TITLE	O
NAME	GOOMBS, PHILIP O
STREET ADDRESS	437 SW 4 AVENUE
CITY - ST - ZIP	FT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000372136  
 07/11/05-80019-020 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip O. Goombs      Philip O. Goombs      07/07/05      954-525-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #