


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 019 ****61.25

DOCUMENT # 767487			
1. Entity Name HOUSING ENTERPRISES OF FORT LAUDERDALE, FLORIDA, INC.			
Principal Place of Business % DORIS PASCHALL 901 NW 10 AVENUE FT. LAUDERDALE, FL 33311		Mailing Address 437 SW 4 AVENUE FT LAUDERDALE, FL 33315	
2. Principal Place of Business 437 SW 4 AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State	
Zip 33315		Country	
4. FEI Number 59-2303299		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PASCHALL, DORIS 437 SW 4 AVENUE FT. LAUDERDALE, FL 33315		Name PHILIP GOOMBS	
		Street Address (P.O. Box Number is Not Acceptable)	
		437 SW 4 AVE	
		City FORT LAUDERDALE, FL Zip Code 33315	
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 <i>Philip O. Goombs</i>		DATE 4-11-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCHALL, DORIS W	NAME	
STREET ADDRESS	437 SW 4 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDER, RUBY	NAME	D ANIA HERNANDEZ
STREET ADDRESS	3831 N.W. 4TH PLACE	STREET ADDRESS	437 SW 4th AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	NAME	
STREET ADDRESS	1701 N.W. 2ND STREET #18	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LIZ	NAME	
STREET ADDRESS	3280 SPANISH MOSS TERR., #107	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOMBS, PHILIP O	NAME	
STREET ADDRESS	437 SW 4 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	THOMAS CURNIN
STREET ADDRESS		STREET ADDRESS	425 SW 4th AVE #305
CITY-ST-ZIP		CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Philip O. Goombs</i>		DATE 4-11-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (954) 525-6444	