

61.25

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 26 PM 3: 32

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



02142007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 767487</b> 1. Entity Name HOUSING ENTERPRISES OF FORT LAUDERDALE, FLORIDA, INC.					
Principal Place of Business 437 SOUTHWEST FOURTH AVENUE FORT LAUDERDALE, FL 33315			Mailing Address 437 SW 4 AVENUE FT LAUDERDALE, FL 33315		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2303299</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ENGLISH, TAM A</b> <b>437 SOUTHWEST FOURTH AVENUE</b> <b>FORT LAUDERDALE, FL 33315</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PASCHALL, DORIS W</b> <b>437 SOUTHWEST FOURTH AVENUE</b> <b>FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT P. KELLEY</b> <b>712 SW 13th ST.</b> <b>FT. LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNANDEZ, ANA</b> <b>437 SOUTHWEST FOURTH AVENUE</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAM A. ENGLISH</b> <b>437 SW 4th AVE</b> <b>FT. LAUDERDALE FL 33315</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, BARBARA</b> <b>1701 N.W. 2ND STREET #18</b> <b>FT. LAUDERDALE, FL 33311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800103012428</b> <b>05/22/07--01025--001 **261.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, LIZ</b> <b>3280 SPANISH MOSS TERR., #107</b> <b>LAUDERHILL, FL 33319</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>GOOMBS, PHILIP O</b> <b>437 SW 4 AVENUE</b> <b>FT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CURNIN, THOMAS</b> <b>425 SW 4TH AVE #305</b> <b>FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-18-07</b> Daytime Phone #: <b>954-525-6444</b>		