2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767487

HOUSING ENTERPRISES OF FORT LAUDERDALE, FLORIDA,



Secretary of State 01-27-2003 90239 048 ****61.65

FILED

Jan 27, 2003 8:00 am

| INC. | AGO WE THE | |
|---|---|---|
| Principal Place of Business | Mailing Address | |
| % DORIS PASCHALL 901 NW 10 AVENUE FT. LAUDERDALE FL 33311 | 437 SW 4 AVENUE FT LAUDERDALE FL 33315 | |
| 2. Principal Place of Business . | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite. Apt. #, etc. | _ |

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2303299 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASCHALL, DORIS Street Address (P.O. Box Number is Not Acceptable) 437 SW 4 AVENUE FT. LAUDERDALE FL 33315 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D R2E037 (10/02) ☐ Delete TITLE ☐ Change Addition NAME PASCHALL, DORIS W NAME STREET ADDRESS 437 SW 4 AVENUE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33315 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition Felder, Ruby STREET ADDRESS STREET ADDRESS 3831 N.W. 4TH PLACE CITY-ST-ZIP CITY-ST:7IP FT. LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, BARBARA NAME NAME STREET ADDRESS 1701 N.W. 2ND STREET #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 TITLE TITLE ☐ Delete Change ☐ Addition JACKSON, LIZ NAME NAME STREET ADDRESS STREET ADDRESS 3280 SPANISH MOSS TERR., #107 CITY-ST-7IP CITY-ST-ZIP Lauderhill Fl 33319 TITLE Delete TITLE Change ☐ Addition NAME GOOMBS, PHILIP O NAME STREET ADDRESS STREET ADDRESS 437 SW 4 AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information sugnition with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with