

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

08 JUL 15 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N00000003262</b> 1. Entity Name <b>MOUNT HERMON COMMUNITY ECONOMIC &amp; HOUSING DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>15620 W. BUNCHE PARK DRIVE OPA LOCKA, FL 33054-6511</b>			Mailing Address <b>15620 W. BUNCHE PARK DRIVE OPA LOCKA, FL 33054-6511</b>		
2. Principal Place of Business - No P.O. Box # <b>17800 NW 25th Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>17800 NW 25th Avenue</b> Suite, Apt. #, etc.			
City & State <b>Miami Gardens, FL</b> Zip <b>33056</b>		City & State <b>Miami Gardens, FL</b> Zip <b>33056</b>		4. FEI Number <b>65-1115934</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEWIS, STANLEY B 20295 NW 2ND AVE, STE 211 MIAMI, FL 33169</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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, HENRY E JR 2245 W.BUNCHE PARK DRIVE OPA LOCKA, FL 33054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROSKEY, LUVERNICE 1610 NW 170TH TERRACE MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASON, SARA J 1010 NW 182ND STREET MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TYLER, JOAN A 13030 NW 17TH COURT MIAMI, FL 33167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWINS-WILLIAMS, JESSIE 17800 NW 19TH AVENUE MIAMI, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>6/30/08</b> Daytime Phone #: <b>305-621-5067</b>					