


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 012 ****70.00

DOCUMENT # N03000004626					
1. Entity Name SFFPC COMMUNITY HOUSING CORPORATION					
Principal Place of Business 155 SOUTH MIAMI AVE., STE. 1150 MIAMI, FL 33131		Mailing Address 155 SOUTH MIAMI AVE., STE. 1150 MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
01202004		Chg-NP		CR2E037 (10/03)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEISS, DANIEL A 550 BRICKELL AVE., PENTHOUSE TWO MIAMI, FL 33131			Name MARIA PELLERIN BARCUS Street Address (P.O. Box Number is Not Acceptable) 155 SOUTH MIAMI AVE STE 1150 City MIAMI FL Zip Code 33131		
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>Maria Pellerin Barcus</i>		MARIA PELLERIN BARCUS		01-20-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, FREDERICK		NAME	GARCIA TERE	
STREET ADDRESS	1 ALHAMBRA PLAZA 8TH FLOOR		STREET ADDRESS	2601 S. BAYSHORE DR 10TH FL	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, LINDA S		NAME	QUICK LINDA S	
STREET ADDRESS	6363 TAFT ST., STE. 200		STREET ADDRESS	6363 TAFT ST. STE 200	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, MSGR. F		NAME		
STREET ADDRESS	16400 NW 32 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33054		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE RAMON, GONZALO		NAME	DANNER STEPHEN	
STREET ADDRESS	100 SE 2ND ST., 13TH FLOOR		STREET ADDRESS	1101 BRICKELL AVE STE 1102	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, J. ED		NAME	BELL ED	
STREET ADDRESS	8350 NW 52ND TERR., STE. 107		STREET ADDRESS	717 VIA VERONA	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	DEER FIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, LYNETTE		NAME		
STREET ADDRESS	201 N.E. 11TH ST., #128		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Maria Pellerin Barcus</i>		MARIA PELLERIN BARCUS		01-20-04 305-371-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	