

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**APPROVED  
AND  
FILED**

95 JUL -3 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12533 (8)**

1. Corporation Name

**PHOENIX HOUSING FOUNDATION, INC.**

Principal Place of Business	Mailing Address
C/O HENRY H. TAYLOR, JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900	C/O HENRY H. TAYLOR, JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/13/1985</b>	3a. Date of Last Report <b>06/29/1994</b>
4. FEI Number <b>59-2709344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TAYLOR, HENRY H., JR. 801 BRICKELL AVE., 14TH FLOOR MIAMI FL 33131-9900		01 Name	
		02 Street Address (P.O. Box Number is Not Acceptable)	
		03	
		04 City	FL 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer's approver. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GERALD W.	12 NAME	
STREET ADDRESS	801 BRICKELL AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOLA, THOMAS J.	22 NAME	
STREET ADDRESS	801 BRICKELL AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE	DP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HENRY H., JR.	32 NAME	
STREET ADDRESS	801 BRICKELL AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Gerald Moore Director 23 June 95 305.3776708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)