

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N12533

1. Entity Name
PHOENIX HOUSING FOUNDATION, INC.



Principal Place of Business
**6025 N.W. 6TH CT.
MIAMI, FL 33127**

Mailing Address
**6025 N.W. 6TH CT.
MIAMI, FL 33127**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2709344

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, CALVIN
6025 N.W. 6TH CT.
MIAMI, FL 33150**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000141812
04/30/04-80026-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, CALVIN 11105 SW 200 STREET #311 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, JOEY 18326 NW 44TH PLACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONOVAN, DELVIN 30055 SW 158TH COURT HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #