

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38657** (5)
1. Corporation Name
HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC



Principal Place of Business Mailing Address
11629 N W 7TH AVE **P O BOX 421590**
MIAMI FL 33168 **MIAMI FL 33242**
US **US**

3. Date Incorporated or Qualified

06/15/1990

4. FEI Number

65-0203195

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **11629 NW 7 AVE** 26 **P.O. BOX 421590**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **MIAMI, FL** 27 **MIAMI, FL**
City & State City & State

23 **33168** 24 **U.S.A.** 25 **33242** 26 **U.S.A.**
Zip Country Zip Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANOZARD, YOLETTE
1305 N.W. 203RD ST
MIAMI FL 33169

81 Name **YOLETTE ANOZARD**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1305 NW 203 STR.**
84 City **MIAMI** **FL** 85 Zip Code **33169**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **JEAN, MICHEL**
STREET ADDRESS **28 N.E. 49 ST.**
CITY-ST-ZIP **MIAMI FL 33127**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **ANTOINE, JEANNETTE**
STREET ADDRESS **1305 N.W. 203 ST.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **EMMANUEL, YANICK B**
STREET ADDRESS **560 N.W. 121 ST.**
CITY-ST-ZIP **MIAMI FL 33256**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **YOLETTE A. ANOZARD**
3.3 STREET ADDRESS **1305 NW 203 STR.**
3.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **T** ☒ DELETE
NAME **NARRAIN, DAVID**
STREET ADDRESS **8701 S.W. 121 ST.**
CITY-ST-ZIP **MIAMI FL 33256**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LISNA A. CHAPLESKY**
4.3 STREET ADDRESS **1305 NW 203 STR.**
4.4 CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **Jeannette Antoine, VPD** **4/2/98** **305-685-9662**

CR2E037 (10/97)