2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N39811

1. Entity Name
URBAN LEAGUE HOUSING PARTNER, INC.

Principal Place of Business	Mailing Address
8500 N. W. 25 AVENUE MIAMI, FL 33147	8500 N. W. 25 AVENUE MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0350370 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FAIR, TALMADGE W
8500 N.W. 25TH AVENUE
MIAMI, FL 33147

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAIR, TALMADGE W.
STREET ADDRESS	8500 NW 25TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GROSS, OLIVER
STREET ADDRESS	8500 NW 25TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GAITER, R. LAUNITA
STREET ADDRESS	8500 N.W. 25TH AVE.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/25/05 305-696-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #