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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N44691** (6)

1. Corporation Name

**THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.**

Principal Place of Business Mailing Address  
**630 N. KROME AVENUE  
HOMESTEAD FL** **630 N. KROME AVENUE  
HOMESTEAD FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/15/1991</b>	3a. Date of Last Report <b>03/07/1994</b>
4. FEI Number <b>65-0339130</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>X</b>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>X</b> No	

2. Principal Place of Business 21 <b>43 N. Krome Ave.</b> Suite, Apt. #, etc. 22 <b>2nd. Floor</b> City & State 23 <b>Homestead, Florida</b> Zip 24 <b>33030</b>	2a. Mailing Address 26 <b>43 N. Krome Ave.</b> Suite, Apt. #, etc. 27 <b>2nd. Floor</b> City & State 28 <b>Homestead, Florida</b> Zip 29 <b>33030</b>
Country 25 <b>Dade</b>	Country 30 <b>Dade</b>

9. Name and Address of Current Registered Agent  
**LYNN, SANDRA T  
630 N. KROME AVE  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent B1 Name <b>Kim Sovia</b>	B2 Street Address (P.O. Box Number is Not Acceptable) <b>43 N. Krome, 2nd. Floor</b>
B3	B4 City <b>Homestead</b>
B5 Zip Code <b>FL 33030</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *Kim Sovia* **Kim Sovia** DATE **4/11/95**  
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<b>PIERCE, JAMES R. 28761 S.W. 124TH AVE HOMESTEAD FL</b>
TITLE <b>VD</b>	<b>PESKOE, BEA 1000 N. KROME AVE. HOMESTEAD FL</b>
TITLE <b>STD</b>	<b>LYNN, SANDRA T. 335 N.W. 20TH ST. HOMESTEAD FL</b>
TITLE <b>P</b>	<b>PIERCE, JIM 28761 S.W. 124TH AVE. HOMESTEAD FL</b>
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>P, D</b>	<b>Rees, Evan 150 W. Flagler Ave., 2nd. Floor Miami, Florida 33130</b>
21 TITLE <b>VP, D</b>	<b>Phillips, Roy 500 College Terrace Homestead, Florida 33030</b>
31 TITLE <b>S, D</b>	<b>Atkins, James 6101 S.W. 140 Terrace Miami, Florida 33156</b>
41 TITLE <b>T, D</b>	<b>Brown, Jack 12345 S.W. 151 St. Apt. 201 Miami, Florida 33186</b>
51 TITLE	
61 TITLE	

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 any attachment with an address.

SIGNATURE: *Evan Rees* **EVAN REES** DATE **4-13-95** TELEPHONE NO. **305-247-2932**  
Signature and typed or printed name of signing officer or director