

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

43 N. KROME AVE
2ND FLOOR
HOMESTEAD FL 33030
US

43 N. KROME AVE
2ND FLOOR
HOMESTEAD FL 33030
US

3. Date Incorporated or Qualified
08/15/1991

3a. Date of Last Report
05/01/1995

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

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0339130

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOVIA, KIM
43 N. KROME, 2ND FLOOR
HOMESTEAD FL 33030**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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	<input type="checkbox"/> DELETE
NAME	REES, EVAN	
STREET ADDRESS	150 W. FLAGLER AVE, 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROY	
STREET ADDRESS	500 COLLEGE TERRACE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ATKINS, JAMES	
STREET ADDRESS	8101 SW 140 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JACK	
STREET ADDRESS	12345 SW 151 ST APT 201	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rees, Evan	
1.3 STREET ADDRESS	701 Brickell Ave., 4th. Floor	
1.4 CITY-ST-ZIP	Miami, Fl. 33131	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillips, Roy	
2.3 STREET ADDRESS	500 College Terrace	
2.4 CITY-ST-ZIP	Homestead, Fl. 33030	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Huard, Mark	
4.3 STREET ADDRESS	850 N. Homestead Blvd.	
4.4 CITY-ST-ZIP	Homestead, Fl. 33030	
5.1 TITLE	W/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Boulenger, Albert	
5.3 STREET ADDRESS	160 N.W. 13St.	
5.4 CITY-ST-ZIP	Homestead, Fl. 33030	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Huard
Mark L. Huard

3-28-96
Date

305-277-2332
Daytime Phone #

CR2E037 (12/95)