

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 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 # N46163 (4)
1. Corporation Name
NEIGHBORHOOD ACTION UNITED TENANTS ASSOCIATION, INC.

Principal Place of Business 30 METHODIST AVENUE FT WALTON BEACH FL 32548 US	Mailing Address 30 METHODIST AVENUE FT WALTON BEACH FL 32548 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/22/1991	4. FEI Number 59-3098780	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent COWART, DOROTHY 1 SOUTHEAST ALFORD COURT FORT WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWART, DOROTHY	1.2 NAME	<i>Cowart Dorothy</i>
STREET ADDRESS	1 SOUTHEAST ALFORD COURT	1.3 STREET ADDRESS	<i>1 Southeast Alford Court</i>
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4 CITY-ST-ZIP	<i>Fort Walton Beach FL</i>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCHER, MAE	2.2 NAME	<i>Horne Carolyn</i>
STREET ADDRESS	69 ED BROWN	2.3 STREET ADDRESS	<i>70 Ed Brown</i>
CITY-ST-ZIP	FORT WALTON BEACH FL	2.4 CITY-ST-ZIP	<i>Fort Walton Beach FL</i>
TITLE	FVPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, CAROLYN	3.2 NAME	
STREET ADDRESS	70 ED BROWN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, STEFFIE	4.2 NAME	<i>Mack Steffie</i>
STREET ADDRESS	Q29 METHODIST AVE.	4.3 STREET ADDRESS	<i>29 Methodist Ave</i>
CITY-ST-ZIP	FORT WALTON BEACH FL	4.4 CITY-ST-ZIP	<i>Fort Walton Beach FL</i>
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, JOYCE	5.2 NAME	<i>Fountain Joyce</i>
STREET ADDRESS	36 METHODIST AVE.	5.3 STREET ADDRESS	<i>36 Methodist Ave</i>
CITY-ST-ZIP	FORT WALTON BEACH FL	5.4 CITY-ST-ZIP	<i>Fort Walton Beach FL</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Dorothy Cowart* 3/27/98

CR2E037 (10/97)