FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

FILED Aug 22 1996 8:00 am Secretary of State

1996

DOCUMENT # N46812

(6)

FLORIDA COMMUNITY HOUSING ASSISTANCE CORP.

Principal Place of Business Mailing Address 632 SO STATE RD 7 PO BOX 100466 MARGATE FL 33068 FT LAUDERDALE FL 33310 US								
2 Driegie al				3. Date 1	Incorporated or Qualified 1/14/1992	1 00,0 0,		
2. Principal Place of Business 21 2979 N. W. 56 Avenue 22 A. Mailing Address 26 P. O. Boy 10				4. FEI No	, ,		1/1995	
Suite Ant # etc			100099		5-0306853	ŀ	Applied For	
Suite, Apt. #, etc.				E 0-11			Not Applicable	
City & State				3. Certino	cate of Status Desired		.75 Additional	
23 Laude	erhill, Fla.,	City & State 28 Ft. Laud.	6. Election	on Campaign Financing	\$	5.00 May Be		
Zip	Country	Zp Zp	Country	Trust I	und Contribution	A	dded to Fees	
24 33313	Broward 25 Broward	29 33310-000	 -	8. This co	orporation has liability fo	r intangible tax unde	er s. 199 032	
	9. Name and Address of Currer	nt Registered Agent	930 Browa	Lu Florida	Statutes	☐ Yes ☐ No		
A=	rt, Dennis	· · · · · · · · · · · · · · · · · · ·	81 Name	70. 144116	and Address of New	negistered Agent		
11. Pursuant or registe familiar wi	STATE RD 7 TE FL 33068 to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Secti	on orrassos, riorida Statutes.	83 84 City La	uderhill	Number is Not Accepta 56 Avenue this statement for the put I hereby accept the app	E1 85	Zig Code 3313 ts registered office red agent. I am	
	Signature, typed or printed name of registered agent.	and title if applicative. INOT	E. Registered Agent signature					
12.	OFFICERS AND	DIRECTORS	13.		NIS/CHANGED TO OF	DATE		
TITLE NAME	O CTEMARY DEARING	DELETE	1.1 TITLE	KODING	DNS/CHANGES TO OFF			
STREET ADDRESS	STEWART, DENNIS 630 SO STATE RD 7		12 NAME	ļ		🔀 Chang	e 🔲 Addition	
	MARGATE FL		1.3 STREET ADDRESS	2979 พ.	W. 56 Ave:	m	ĺ	
CITY-ST-ZIP TITLE	D D		14 CITY - ST - ZIP	Lauderh	ill, Fla.,	33313		
NAME !	MCCLURE, DAVID C	DELETE	2 1 TITLE			Chang	Addition	
STREET ADDRESS	630 SO STATE RD 7		2.2 NAME			-	Z LI Addition	
CITY-ST-ZIP	MARGATE FL		2 3 STREET ADDRESS	2979 N.	W. 56 Ave	nue	}	
TITLE	D	XXDELETE	2 4 CITY - ST - ZIP	Lauderh:	W. 56 Aveiill, Fla.,	33313		
NAME	FRENCH, INGRID	ALA UTLETE	31 TITLE	υ		XX Change	Addition	
STREET ADDRESS	630 S. STATE ROAD 7		3 2 NAME	David Be	eckinsale		_ '	
CITY-ST-ZIP	MARGATE FL		33 STREET ADDRESS	2979 N.	W. 56 Aver	nue		
TITLE		DELETE	3.4. City-St-ZiP 4.1 Title	Lauderhi	ill, Fla.,	33313		
IAME						☐ Change	☐ Addition	
TREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS				į	
ITY-ST-ZIP			4.4 City-St-Zip					
ITLE		DELETE	51 TITLE					
AME			5.2 NAME			Change	☐ Addition	
TREET ADDRESS			53 STREET ADDRESS					
ITY-ST-ZIP			5.4 CITY-ST-ZIP				İ	
TLE		DELETE	6 1 TITLE					
AME			62 NAME			☐ Change	Addition	
REET ADDRESS			6 3 STREET ADDRESS					
TY-ST-ZIP	cordification in discountries		1					
certify that the oath; that I appears in B	certify that the information supplied with he information indicated on this annual am an officer or director of the corporate Block 12 or Block 13 if changed, or on a	n this filing is voluntarily furnishing report or supplemental annual on or the receiver or trustee er apattachment with an address	ed and does not qualit	y for the exemption urale and that my sig this report as require	stated in Section 119.07 gnature shall have the sa ed by Chapter 617, Flori	7(3)(k), Florida Statu ame legal effect as i da Statutes: and th	tes I further I made under	

SIGNATURE:

GIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-79

954-777-5142