FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(6)

FLORIDA COMMUNITY HOUSING ASSISTANCE CORP.									
Principal Place	e of Business	Mailing Address				AK IKBIÐ 1404 ÐIÐIR ÐSI	in diam andi en	il Millit (All	
2979 NW 56 AV LAUDERHILL FL US		P O BOX 100099 FT LAUDERDALE FL 3331 US	0-0099			·			
					3. Date Incorporated or Qua 01/14/1992		ate of Last Re 08/22/199		
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0306853	65-0306853 Not Applicable			
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🔃	\$8.75 A Fee Re		
City & State		City & State		6. Election Campaign Financ Trust Fund Contribution	cing	\$5.00 Added to			
Zip	Country	Zip	Cour	try	8. This corporation has liabil	lity for intangible	tax under s.	199.032,	
24	25		30	 .	Florida Statutes 10. Name and Address of N	☐ Yes			
	9. Name and Address of Curr	eur Hedistelen Waut		1 Name	10. Name and Address of N	ew Megistered	Agent		
ATCHAR	T DEALLUO		L						
 STEWART, DENNIS 2979 NW 56 AVENUE 					Address (P.O. Box Number is Not Ac	ceptable)			
LAUDERI	HILL FL 33313			33					
•			İ	Gity		FL	85 Zip C		
11. Pursuant I	to the provisions of Sections 617.0	502 and 617,1508, Florida Statute of Florida, Such change was	ites, the ab	ove-named	corporation submits this statement for	or the purpose o	if changing its	s registered	
agent. I a	m familiar with, and accept the obl	igations of, Section 617.0503, F	lorida Stati	tes.	oration's board of directors. Thereby	accept the apt	JOHRHOUR GS	Oholorga	
SIGNATURE									
	Signature, typed or printed name of registered	agent and title if applicable (NO NDD DIRECTORS	TE: Registered	Agent signature	required when reinstating) ADDITIONS/CHANGES TO	DATE OFFICEDS ANI	D DIRECTOR	C IN 12	
12.	D OFFICERS F	DELETE 1.11		F	ADDITIONS/CHANGES TO	OFFICENS AN	Change	Addition	
NAME	STEWART, DENNIS	_ beerie	1.2 NAJ						
STREET ADDRESS	2979 NW 56 AVENUE		1.3 STREET ADDRESS						
CITY-ST-ZIP	A SA COMPANIA A			Y-ST-ZIP					
TITLE	D	X DELETE	2.1 TIT		D		Change	Addition	
NAME	MCCLURE, DAVID C		2.2 NA	AE	Nerissa Spannos				
STREET ADDRESS			2.3 ST	EET ADDRESS		715 W. Broward Blvd., #129			
CITY-ST-ZIP	LAUDERHILL FL			Y-ST-ZIP	Plantation, Florida				
TIFLE	D	☐ DELETE	3.1 TIT				Change	Addition	
NAME	BECKINSALE, DAVID		3.2 NA	N E					
STREET ADDRESS	2979 NW 56 AVENUE			EET ADDRESS	7961 S. W. 10 St.,	#B			
CITY - ST - ZIP	LAUDERHILL FL		3.4. CIT		N. Lauderdale, Fla	., 33068			
TITLE		DELETE	4.1 TIT	E			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 DIT	Y - ST - ZIP					
TITLE		☐ DELETE	5.1 T(T	.E			Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	EET ADDRESS				1	
City-St-2IP			5.4 CIT	Y+ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	£			Change	Addition	
NAME									
HANNE.			6.2 NA	ME					

14. I do 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 repeiver/or trueftee 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 the attacking with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

954-777-5142

FILED

Jan 27 1997 8:00am

Secretary of State

Daytime Phone # 0036032