

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 JUN 16 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000227. (0)

1. Corporation Name

RICHMOND HEIGHTS UNITED PASTORS COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176**

**14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0378328

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

**MALONE, CARLOS SR
14440 LINCOLN (OLIVIA EDWARDS) BLVD.
MIAMI FL 33176**

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 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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	GOLATT, PAUL
STREET ADDRESS	14551 CARVER DR
CITY-ST-ZIP	MIAMI FL 33176
TITLE	T
NAME	FERGUSON, JOHN
STREET ADDRESS	11111 PINKSTON DR
CITY-ST-ZIP	MIAMI FL 33176
TITLE	T
NAME	MALONE, CARLOS SR
STREET ADDRESS	14440 LINCOLN (OLIVIA EDWARDS) BLVD.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	100001527261
14 CITY-ST-ZIP	-06/29/95--01066--010
2.1 TITLE	☐ Change ☐ Addition
22 NAME	*****216.25 *****61.25
23 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
43 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 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)(a), 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:

Carlos Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95 (305) 238-6227

Date

Daytime Phone