

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002932 (2)

1. Corporation Name

FT. PIERCE HOUSING AUTHORITY RESIDENT COUNCIL, I
NC.



Principal Place of Business

Mailing Address

707 N 7TH ST
FT PIERCE FL 34950

707 N 7TH ST
FT PIERCE FL 34950

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

06/09/1995

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

65-0426664

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

JACKSON, MARY
707 N. 7TH ST.
FT PIERCE FL 34950

81

Name

Eloise Milton

82

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

707 N. 7th Street

83

84

City

Ft. Pierce,

FL

85

Zip Code

34950

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

Eloise Milton

Eloise Milton

7-26-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JACKSON, MARY
STREET ADDRESS 3008 AVE E
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

TITLE DV
NAME CONFER, ROBERT
STREET ADDRESS 1702 S 17TH CIRCLE A
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

TITLE DV
NAME CONFER, ROBERT
STREET ADDRESS 1702A S. 17TH CIR.
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE DS
NAME TRAVIS, DEBRA
STREET ADDRESS 513 S 32ND ST.
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

TITLE DT
NAME MILTON, ELOISE
STREET ADDRESS 3206 LOUISIANA AVE 3
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME Anita Bond
1.3 STREET ADDRESS 1303 N. 31st Street
1.4 CITY-ST-ZIP Ft. Pierce, FL 34947 ☒ Change ☐ Addition

2.1 TITLE DV
2.2 NAME Debra Travis
2.3 STREET ADDRESS 513 South 32nd Street #A
2.4 CITY-ST-ZIP Ft. Pierce, FL 34947 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE DS
4.2 NAME Anthena McDuffy
4.3 STREET ADDRESS 1704-B North 13th Street
4.4 CITY-ST-ZIP Ft. Pierce, FL 34950 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 an attachment with an address.

SIGNATURE:

Debra Travis

Debra Travis

July 26, 1996 (561) 461-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #