

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 **707 N 7TH ST**
FT PIERCE FL 34950 **FT PIERCE FL 34950**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/30/1993 **06/09/1995**

4. FEI Number Applied For
65-0426664 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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** DATE **7-26-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, MARY	
STREET ADDRESS	3008 AVE E	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CONFER, ROBERT	
STREET ADDRESS	1702 S 17TH CIRCLE A	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONFER, ROBERT	
STREET ADDRESS	1702A S. 17TH CIR.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TRAVIS, DEBRA	
STREET ADDRESS	513 S 32ND ST.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILTON, ELOISE	
STREET ADDRESS	3206 LOUISIANA AVE 3	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anita Bond	
1.3 STREET ADDRESS	1303 N. 31st Street	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34947	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Debra Travis	
2.3 STREET ADDRESS	513 South 32nd Street #A	
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34947	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anthena McDuffy	
4.3 STREET ADDRESS	1704-B North 13th Street	
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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)(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** DATE **July 26, 1996** DAYLINE PHONE # **(561) 461-5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

CR2E037 (3/96)