

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000002932 (2)**

1. Corporation Name

**FT. PIERCE HOUSING AUTHORITY RESIDENT COUNCIL, I  
NC.**



|  |  |
|--|--|
| Principal Place of Business                | Mailing Address                            |
| <b>707 N 7TH ST<br/>FT PIERCE FL 34950</b> | <b>707 N 7TH ST<br/>FT PIERCE FL 34950</b> |

DO NOT WRITE IN THIS SPACE

|   |  |                               |  |   |  |  |  |
|---|--|-------------------------------|--|---|--|--|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address           |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report                                  |  |
| <b>21 1009 S. 17th Street</b>                   |  | <b>26 1009 S. 17th Street</b> |  | <b>06/30/1993</b>   |  | <b>07/30/1996</b>  |  |
| Sulte, Apt. #, etc.                             |  | Sulte, Apt. #, etc.           |  | 4. FEI Number   |  | Applied For  |  |
| <b>22</b>                                       |  | <b>27</b>                     |  | <b>65-0426664</b>   |  | <b>Not Applicable</b>                                    |  |
| City & State                                    |  | City & State                  |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| <b>23 Fort Pierce, FL</b>                       |  | <b>26 Ft. Pierce, FL</b>      |  | <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>                       |  |
| Zip   |  | Country                       |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>24 34950</b>                                 |  | <b>25 St. Lucie</b>           |  | <b>29 34950</b>   |  | <b>30 St. Lucie</b>                                      |  |
| 9. Name and Address of Current Registered Agent |  |                               |  | 10. Name and Address of New Registered Agent  |  |  |  |

**MILTON, ELOISE  
707 NORTH 7TH STREET  
FORT PIERCE FL 34950**

|   |                            |
|---|----------------------------|
| 81 Name   | <b>Robert K. Confer</b>    |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>1009 S. 17th Street</b> |
| 83  |                            |
| 84 City   | <b>Ft. Pierce FL</b>       |
| 85 Zip Code   | <b>34950</b>               |

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 **ROBERT K. CONFER** *Robert K. Confer* DATE

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

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | <b>DP</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       | <b>BOND, ANITA</b>                                   | 1.2 NAME  | <b>ROBERT K. CONFER</b>  |
| STREET ADDRESS             | <b>1903 NORTH 31ST STREET</b>                        | 1.3 STREET ADDRESS                                    | <b>1702 S. 17 Circle, Apt A</b>  |
| CITY-ST-ZIP                | <b>FORT PIERCE FL</b>                                | 1.4 CITY-ST-ZIP                                       | <b>Ft. Pierce, FL 34950</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <b>DV</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>DV</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | <b>TRAVIS, DEBRA</b>                                 | 2.2 NAME  | <b>PAUL ROTH</b>   |
| STREET ADDRESS             | <b>513 SOUTH 32ND STREET #A</b>                      | 2.3 STREET ADDRESS                                    | <b>601 Avenue B, Apt 713</b>   |
| CITY-ST-ZIP                | <b>FORT PIERCE FL</b>                                | 2.4 CITY-ST-ZIP                                       | <b>Ft. Pierce, FL 34950</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <b>DV</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   |  |
| NAME                       | <b>CONFER, ROBERT</b>                                | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1702A S. 17TH CIR.</b>                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>FT PIERCE FL</b>                                  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DS</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       | <b>MCDUFFY, ANTHENA</b>                              | 4.2 NAME  | <b>MERIDA RODRIQUEZ</b>  |
| STREET ADDRESS             | <b>1704-B NORTH 13TH STREET</b>                      | 4.3 STREET ADDRESS                                    | <b>601 Avenue B, Apt 616</b>   |
| CITY-ST-ZIP                | <b>FT PIERCE FL</b>                                  | 4.4 CITY-ST-ZIP                                       | <b>Ft. Pierce, FL 34950</b>  |
| TITLE                      | <b>DT</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       | <b>MILTON, ELOISE</b>                                | 5.2 NAME  | <b>ELOISE MILTON</b>   |
| STREET ADDRESS             | <b>3206 LUISIANA AVE 3</b>                           | 5.3 STREET ADDRESS                                    | <b>2515 Avenue F</b>   |
| CITY-ST-ZIP                | <b>FT. PIERCE FL</b>                                 | 5.4 CITY-ST-ZIP                                       | <b>Ft. Pierce, FL 34947</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

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 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 to this address.

SIGNATURE *Robert K. Confer*

August 6, 1997 (561) 461-5201

CF2E037 (4/97)