


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

1009 S 17TH ST
FT PIERCE FL 34950
US

Mailing Address

1009 S 17TH ST
FT PIERCE FL 34950
US

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

65-0426664

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CONFER, ROBERT K
1009 S 17TH ST
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

PAUL ROTH

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

1009S. 17TH ST

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 PAUL ROTH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | CONFER, ROBERT K | |
| STREET ADDRESS | 1702 S 17 CIRCLE, APT A | |
| CITY-ST-ZIP | FORT PIERCE FL | |

| | | |
|----------------|----------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | ROTH, PAUL | |
| STREET ADDRESS | 601 AVENUE B APT 713 | |
| CITY-ST-ZIP | FORT PIERCE FL | |

| | | |
|----------------|--------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | CONFER, ROBERT | |
| STREET ADDRESS | 1702A S. 17TH CIR. | |
| CITY-ST-ZIP | FT PIERCE FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, MERIDA | |
| STREET ADDRESS | 601 AVENUE B APT 616 | |
| CITY-ST-ZIP | FT PIERCE FL | |

| | | |
|----------------|----------------|--|
| TITLE | DT | <input checked="" type="checkbox"/> DELETE |
| NAME | MILTON, ELOISE | |
| STREET ADDRESS | 2515 AVENUE F | |
| 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 | PAUL ROTH | |
| 1.3 STREET ADDRESS | 601AVE. B. APT. 713 | |
| 1.4 CITY-ST-ZIP | FT. PIERCE FL. 34950 | |

| | | |
|--------------------|----------------------|--|
| 2.1 TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ARTHUR SIMMONS | |
| 2.3 STREET ADDRESS | 601 AVE. B. APT. 307 | |
| 2.4 CITY-ST-ZIP | FT. PIERCE FL. 34950 | |

| | | |
|--------------------|----------------------|--|
| 3.1 TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RONELL R. SMITH | |
| 3.3 STREET ADDRESS | 707 N. 7TH STREET | |
| 3.4 CITY-ST-ZIP | FT. PIERCE FL. 34950 | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------|--|
| 5.1 TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MARTHA BUSH | |
| 5.3 STREET ADDRESS | 601 AVE. B. APT. 317 | |
| 5.4 CITY-ST-ZIP | FT. PIERCE FL. 34950 | |

| | | |
|--------------------|--|---|
| 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 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 with an address.

SIGNATURE: *Paul Roth* PAUL ROTH 7-14-98 (561) 461-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)