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FILED  
Feb 05 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 # N93000003134 (4)

1. Corporation Name

MIAMI SUPPORTIVE HOUSING CORPORATION



Principal Place of Business

Mailing Address

600 BRICKELL AVENUE  
206 N/S  
MIAMI FL 33131

600 BRICKELL AVENUE  
206 N/S  
MIAMI FL 33131

3. Date Incorporated or Qualified

07/06/1993

4. FEI Number

65-0439400

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. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 33131-2522

25

29 33131-2522

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, CORDELLA  
8000 WEST DRIVE #109  
NORTH BAY VILLAGE FL 33141

81 Name

INGRAM, CORDELLA

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

8010 WEST DRIVE

83

APARTMENT 179

84 City

NORTH BAY VILLAGE

FL

85 Zip Code

33141

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MARTIN, ERNEST  
STREET ADDRESS 1000 NORTH RIVER DRIVE, #114  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SMITH, ROBERT  
STREET ADDRESS 700 BRICKELL AVE., 4TH FL  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME JACKSON, ROBIN  
STREET ADDRESS 620 N.E. 55TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VPD MARKSON, DAN  
STREET ADDRESS 2421 LAKE PANCOAST DR., #4C  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME JOHNSON, PHYLLIS  
STREET ADDRESS 800 NW 28TH STREET  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME KNIGHT, DEWEY  
STREET ADDRESS 829 NW 55TH STREET  
CITY-ST-ZIP MIAMI FL 33127

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

CordeLLa Ingram

1/12/98

305.374.8779

CR2E037 (10/97)