NONPROFIT CORPORATION ANNUAL REPORT

1998/9

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

FILED
Jun 24, 1999 8:00 am
Secretary of State
06-24-1999 90008 005 ****70.00

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1. Corporation Name

MIAMI SUPPORTIVE HOUSING CORPORATION

Principal Place of Business	Mailing Address
600 BRICKELL AVENUE ~~206 N/S~~ 502 MIAMI FL ~~33131~~	600 BRICKELL AVENUE ~~206 N/S~~ 502 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 502
City & State 23	City & State 28
Zip / Country 24 33131-2522 / 25	Zip / Country 29 33131-2522 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: INGRAM, CORDELLA
82 Street Address (P.O. Box Number is Not Acceptable): 237 NE 86th Street
83
84 City: El Portal — FL — 85 Zip Code: 33138

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTIN, ERNEST	
STREET ADDRESS	1000 NORTH RIVER DRIVE, #114	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	700 BRICKELL AVE., 4TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	JACKSON, ROBIN	
STREET ADDRESS	520 N.E. 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	☒ DELETE
NAME	MARKSON, DAN	
STREET ADDRESS	2421 LAKE PANCOAST DR., $4C	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, PHYLLIS	
STREET ADDRESS	800 NW 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	☐ DELETE
NAME	KNIGHT, DEWEY	
STREET ADDRESS	829 NW 55TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	STEPHANIE WILLIAMS-BALDWIN	
1.3 STREET ADDRESS	490 OPA-LOCKA BLVD, STE 20	
1.4 CITY-ST-ZIP	OPA-LOCKA, FL 33054	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	NERY GONZALEZ	
2.3 STREET ADDRESS	220 ALHAMBRA CIRCLE, 5TH FL	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE	TREASURER	☐ Change ☒ Addition
3.2 NAME	JOHN F. WHITE	
3.3 STREET ADDRESS	245 NW 8TH STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33136	
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 — 6/18/99 — 305.374.8774

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

0026482