FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

STREET ADDRESS

City-St-ZiP

DOCUMENT # N9300003511 (3)

FARMWORKERS' HOUSING COALITION OF SOUTH PALM BEA

CH COUNTY, INC. Principal Place of Business Mailing Address 21689 TOLEDO RD 21689 TOLEDO RD **BOCA RATON FL 33433 BOCA RATON FL 33433** 3a Date of Last Benort 3. Date Incorporated or Qualified 08/04/1993 10/02/1995 Applied For 4. EEI Number 2a. Mailing Address 2. Principal Place of Business 65-0448720 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation has liability for intangible tay under s. 199.032, Country Zip Country Z_{10} ☐ Yes 】 Florida Statutes (No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DAILEY, HELEN O.P. 82 390 SEQUOIA DRIVE SOUTH 83 WEST PALM BEACH FL 33409 Zip Code 85 City 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. (NOTE: Registerior Agent signature required when recistating) Signature, typical or printed name of registered agent and storid access able ADDITIONS OF IANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1 1 TiTLE TITLE 1.2 NAME DIDONE, REV MATTHEW C NAME 1.3 STREET ADDRESS. STREET ADDRESS 9000 W ATLANTIC BLVD 1.4 CITY - ST-ZIP DELRAY BCH FL CITY-ST-ZIP Change Addition DELETE 21 THILE TITLE 2.2 NAME RODRIGUEZ, INCARNACIO NAME 2.3 STREET ADORESS STREET ADDRESS 19593 115TH AVE SO **BOCA RATON FL** 2 4 City -St - ZiP CITY - ST-ZIP Addition ☐ Change DELETE 31 TITLE TITLE 32 NAME NAME DAILEY, HELEN O.P. 3.3 STREET ADDRESS 390 SEQUOIA DRIVE SOUTH STREET ADDRESS 34 CITY-S1-ZIP WEST PALM BEACH FL 33409 CITY-SE-7IP Change Add-tion DELETE 4.1 TITLE TITLE 4. 2 NAME NAME MOFFETT, JEAN 4.3 STREET ADDRESS STREET ADDRESS 7482 CHAMPAGNE PL 4.4 CITY - ST - ZIF **BOCA RATON FL 33433** CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME

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 1 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 13 if changed, or on an attachment with an address. SIGNATURE: White And April Signature of Sign

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

(12/95)CR2E037