NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of States

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300004336 (4)

GOULDS COALITION OF ORGANIZATIONS FOR COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

21330 SW 120 AVENUE MIAMI FL 33170 9880 PALMETTO CLUB OR. MIAMI FL 33157 Elle E.D

97 JUN 23 PH 1: 12

SECREIGHY OF STATE



								3. Date Incorporat 09/27/19		3a.	Date of Last 06/20/19		
2. Principal Pla	ce of Rusine	292	28	2a, Malling Address				4. FEI Number				Applied For	
		216 Street	_	<u> </u>				65-04288	357		 	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc				5. Certificate of St	tatus Dooksed	[1	\$8.75	Additional	
22				27				5. Certificate of St	ialus Desireo	K]	Fee	Required	
City & State				City & State 28 Goulds, FL				6. Election Campa	•		\$5.0	May Be	
23 Goulds, FL				Goulds,				tribution		Adde	to Fees		
Zip 24 33170	,	Country 25 Dade	201	Ζφ 33170	200	Country	This corporation has liability for Florida Statutes			Intangible tax under s. 199.032, Yes X No			
24 031,0		and Address of Current						10. Name and Address of New Registered Agent					
						81 Name							
BULLARD	AND		J L Demps, Jr. 82 Street Address (P.O. Box Number is Not Acceptable)										
	V 113 COL					82 Street	025 S.W. 223 Street						
	FL 33170				83								
								Goulds, F1 33170					
					1 1 1	Goulde			F	L 85 33	ĭ7ö		
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 of registered agent of both of 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 an accept the obligations of, Section 617,0503, Florida Statutes.													
amiliar wit	b en secoel	t the obligations of, Section	a. Suci on 617.	0503, Florida Stat	tutes.	y the corporation	5 DUAIU	TOT GIRBOTOIS. THEFBOY	accept the app	OMEMBRE	as registered	agent. ram	
SIGNATINDE	∠>< ₹	* <:::X\ J 1	L De	Demos. Jr.						4-23	3-97		
	Signature, 1/260	or printed have of registered egent a OFFICERS AND			Istered Agent signature required when reinstating? ADDITIONS/CHANGES 10 OF			DATE FICERS AND DIRECTORS IN 12					
12.	PD	OFFICERS AND	DINC	X DELETE		1.1 TITLE	IPD	ADDITIONS/OFF	MINGES TO OFF	IOENS AI	TX Change	Addition	
NAME	. •	EMANUEK JR		A JULEUTE		1.2 NAME		L Demps,	Jr.		TV Autubo	L Manner	
STREET ADDRESS		LMETTO CLUB DR.				1.3 STREET ADDRESS	111/	025 S.W.		eet			
CITY-ST-ZIP	MAMI FI					1.4 CITY-ST-ZIP	Mia	ami, FL 3	3170			1	
TITLE	VD			Ø DELETE		2.1 TITLE	VD		•		X Change	Addition	
NAME	BULLARI), COURTLAND				2.2 NAME		rlyle Web		4.			
STREET ADDRESS	22200 SI	W 113TH COURT			2.3 STREET ADDRESS		21651 S.W. 127 Court						
CITY-ST-ZIP	GOULDS	FL 33170			2. 4 CITY-ST-ZIP	1	Goulds, FL 33177						
TITLE	TD			₹]DELETE		3.1 TITLE	ŢP	zzierene	Pone		X Change	☐ Addition	
NAME	Demps,					3 2 NAME	10	720 S.W.	222 Dri	ve			
STREET ADDRESS		W 223 STREET			3.3 STREET ADDRESS		Goulds, FL 33170						
CITY-ST-ZIP		FL 33170		• Inc. sec	-	3.4. CITY-ST-ZIP	 				[] OL	FT1 4 4400	
TITLE	SD DODE 11	1741F B		DELETE		4.1 TITLE	ŞD				X Change	Addition	
NAME	POPE, L					4. 2 NAME		wis Canty 799 Baile					
STREET ADDRESS		.W. 222 DRIVE				4.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	MIAMI FI	. 331/0		DELETE		4.4 CITY - ST - ZIP 5.1 TITLE	(60)	ulds, Fl	22110		Channa	☐ Addition	
NAME .				FIDECTIO		5.2 NAME		13 100	oogaa	222	27 3 6		
STREET ADDRES						5.3 STREET ADDRESS		-surede" *	-06/25/	797	U1889	UU4	
CITY-ST-ZIP						5.4 CITY-ST-ZIP			****22	27.50	****	27.50	
TITLE	<i>y</i>			DELETE		6.1 TITLE		05-21-97	9 4623	024	☐ Change	Addition	
NAME I						6.2 NAME	-	20 pt (1)	7 1847	1			
STREET ADDRESS						6.3 STREET ADDRESS		de a			. ^	070.00	
								\$10.00			16 1h	100.00	

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), Plorida Statutilis. 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 ceth; 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 the attachment with an address.

SIGNATURE

Joseph L. James

Joseph L. James

Joseph L. James

April 23,1997 (305)278-6950

Daytime

ylime Phone #

72E037 (12/95)