

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JUN 23 PM 4:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N93000004336 (4)**

1. Corporation Name

GOULDS COALITION OF ORGANIZATIONS FOR COMMUNITY DEVELOPMENT, INC.

REINSTATEMENT 96-97

Principal Place of Business

Mailing Address

21330 SW 120 AVENUE
MIAMI FL 33170

9890 PALMETTO CLUB DR.
MIAMI FL 33157

3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 06/20/1995
4. FEI Number 65-0428857	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 11293 S.W. 216 Street	28 11293 S.W. 216 Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Goulds, FL	28 City & State Goulds, FL
24 Zip 33170	25 Country Dade
29 Zip 33170	30 Country Dade

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BULLARD, COURTLAND 22200 SW 113 COURT GOULDS FL 33170		81 Name J L Demps, Jr.	85 Zip Code 33170
		82 Street Address (P.O. Box Number is Not Acceptable) 11025 S.W. 223 Street	
		83 City Goulds, FL	
		84 City Goulds	FL

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: **J L Demps, Jr.** DATE: **4-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, EMANUEK JR	1.2 NAME	J L Demps, Jr.
STREET ADDRESS	9890 PALMETTO CLUB DR.	1.3 STREET ADDRESS	11025 S.W. 223 Street
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, FL 33170
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, COURTLAND	2.2 NAME	Carlyle Webb
STREET ADDRESS	22200 SW 113TH COURT	2.3 STREET ADDRESS	21651 S.W. 127 Court
CITY-ST-ZIP	GOULDS FL 33170	2.4 CITY-ST-ZIP	Goulds, FL 33177
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPS, J L JR	3.2 NAME	Lizzierene Pope
STREET ADDRESS	11025 SW 223 STREET	3.3 STREET ADDRESS	10720 S.W. 222 Drive
CITY-ST-ZIP	GOULDS FL 33170	3.4 CITY-ST-ZIP	Goulds, FL 33170
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, LIZZIE R	4.2 NAME	Lewis Canty
STREET ADDRESS	10720 S.W. 222 DRIVE	4.3 STREET ADDRESS	11799 Bailes Road
CITY-ST-ZIP	MIAMI FL 33170	4.4 CITY-ST-ZIP	Goulds, FL 33170
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800002222798-9
STREET ADDRESS		5.3 STREET ADDRESS	-06/25/97-01089-004
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****227.50 ****227.50
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	05-21-97 94623 024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	\$90.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ysk 2070.00

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), 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: **Joseph L. James** DATE: **April 23, 1997** (305) 278-6950

CR2E037 (12/95)