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

DOCUMENT # N9300004338 (0)

JUBILEE COMMUNITY DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address			NIN OUNT BRINI BIBER WAR SINDI IDIN IDES
т плогрантасе	OF EXPRINGED	, ridiii ig 7 didi 000			
2828 CORAL WAY		2828 CORAL WAY			
STE. 303 Miami Fl. 33145		STE. 303 Miami Fl 33145		6 Data language of the state of	20 Date of Leat Depart
US		U\$		3. Date Incorporated or Qualified 09/20/1993	3a. Date of Last Report 06/13/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0441965	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Acces to rees
Zip	Country	Zip	Country	8. This corporation has liability for int	tangible tax under s. 199.032, Yes 🛂 No
24	25 S. Nome and Address of Current	Pagistered Apent	30	Florida Statutes 10. Name and Address of New Re	**
	9. Name and Address of Current	Logistelen Wäsitt	81 Name	\sim \sim \sim \sim	1
_,	في المستسدية			-rancis V. Giudo	M.
BUNKER, JUDITH			B2 Street A	ddress (P.O. Box Number is Not Acceptable	Suite 303
LMF 100 N.W. 37TH AVE.				1828 Coral Way	1 JULE JUL
STE. 500			83		
miami fi	L 33125		84 City	diam'	FI 85 Zip Code
44 Durawant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statut	es the above-named con	poration submits this statement for the purp	ose of changing its registered office
or register	ed agent, or both in the State of Florid	a. Such change was authorize	ed by the corporation's b	oard of directors. I hereby accept the appoin	ntment as registered agent. I am
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 6170503. Florida Statutes.					
SIGNATURE _	Signature: tytued or printed name of registered agent a	Note the Applicable (NO	OTE: Registered Agent signature req	uired when reinstating)	1-22-96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	€ PD	DELETE	1 1 TITLE	D , ,	Change M Addition
NAME	BUNKER, JUDITH		1.2 NAME	Dover, Victor	
STREET ADDRESS	LMF 100 N.W. 37TH AVE. STE	. 500	1.3 STREET ADDRESS	5899 Sunset Drive 1	F1
CITY - S1 - ZIP	MIAMI FL 33125	· · · · ·	1.4 CITY-ST-ZIP	South Migmi Fl. 33.	143
TITLE	₩eVP	DELETE	2.1 TITLE	D	☐ Change Addition
NAME	CORPERNOLL, LEE -		2.2 NAME	HRIM, KOY JUST	. الوسم
STREET ADDRESS	211 6 HOMESTEAD BLVD		2.3 STREET ADDRESS	150 SEISING AVE, #	· say
CHTY-ST-ZIP	HOMESTEAD FL 99030		2 4 DITY-ST-ZIP	Miami, Fl. 33131	
TITLE	TD	DEFELE	3 1 TITLE	D 11 5 1	Change Addition
NAME	vaughn, john rev		3 2 NAME	Masvidal, Kaul	4 1050
STREFT ADDRESS	9401 BISCAYNE BLVD		3 3 STREET ADDRESS	2121 Pours de Leon,	F-1200
CITY-ST-ZIP	MIAMI SHORES FL 33138		3.4. CITY-ST-ZIP	Coral Gables, FT 39/2	PSOLUTION FOR ASSESSED.
TITLE	SD	DELETE	4.1 TITLE	VYSU	Change Addition
NAME	FIKE, DAVID		4. 2 NAME	Fike, David	
STREET ADDRESS	HUNTINGING LODGE DRIVE		4.3 STREET ADDRESS	Huntley Lodge Drive	121.17
City-ST-ZiP	MIAMI SPRINGS FL 33166	Dogger	4.4 CITY-ST-ZIP	Migmy Springs, Fl. 3	Change Addition
THILE	D	DELETE	5.1 TITLE	A 1247	Change Addition
NAME	CHAMBERS, ROBERT A		5 2 NAME	garein ranov.	4-115
STREFT ADDRESS	645 MADERIA AVE.		5.3 STREET ADDRESS	8323 NW 12 St. 7	- 117
CITY-ST-ZIP	CORAL GABLE FL 33134	F"Incorec	5.4 CHY-ST-ZIP	Mami, A. 33126	☐ Change
TITLE	D	DELETE	61 TITLE	PROF. 'U	— · /
NAME	EISSFELDT, RICHARD REV.		6.2 NAME	Knows Launte Dri	۵۱.
STREET ADDRESS	LMF 3507 FRONTAGE RD. #3	350	6.3 STREET ADDRESS	Sans JUNGET DVI	Y
CITY-ST-ZIP	TAMPA FL 33607	with this filing is voluntarily fur	oished and does not qual	MIGHT F1. 7577	7/3)(k). Florida Statutes, I further

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.

GNATURE: X

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R2F037 (12/95)