FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:22

DOCUMENT # N93000004682 (1)

1. Corporation Name
COALITION OF HOMESTEAD NEIGHBORHOOD GROUPS, INC.

Principal Place of Business	Mailing Address
344 SW 4TH AVE HOMESTEAD FL 33030	344 SW 4TH AVE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0446968 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SEYMORE, ERNESTINE
241 SW 4TH AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / P	11 TITLE	☐ Change ☐ Addition
NAME	GREEN, BILL	12 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PHICAL JR	22 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	24 CITY-ST-ZIP	
TITLE	D / V.P. / S	31 TITLE	Addition
NAME	SEYMORE, ERNESTINE	32 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	34 CITY-ST-ZIP	
TITLE	D / T	41 TITLE	Addition
NAME	SCOTT, WILLIE	42 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Addition
NAME	HARRIS, ROY	52 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	Addition
NAME	GREEN, BILL	62 NAME	
STREET ADDRESS	C/O 344 SW 4TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	64 CITY-ST-ZIP	

June 13, 1995
Attention!!!
Corrections made -
#7 - block checked
#12 - P. - President
V.P.-S. Vice President + Secretary
T. - Treasurer

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that the information indicated on this annual report or supplemental annual report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernestine Seymore — APRIL 28, 1995 — (305) 247-3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006710