FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9300004682

1. Corporation Name

COALITION OF HOMESTEAD NEIGHBORHOOD GROUPS, INC.

Principal Place of Business

344 SW 4TH AVE

Mailing Address

344 SW 4TH AVE

FILED Mar 04, 1999 8:00 am § Secretary of State

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HOMESTEAD F	E. 33USU	HUMESTEAU FL 33030					
Principal Place of Business 2a. Mailing Address 25				3. Date Incorporated or Qualified 10/11/1993		 `.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For 65-0446968 Not Applied			
City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required		Additional	
Zip	Country	Country Zip Country			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
1	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent	
SEYMORE 241 SW 4	, ERNESTINE TH AVE		8		Idress (P.O. Box Number is Not Acceptable)		
_	AD FL 33030		8				
			8	4 City	FL	85 Zip	Code
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	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: Re	gistered Ag	ent signature requi	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SMITH, HENRY L C/O 344 SW 4TH AVE		1.2 NAME	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL		1.3 STRE		,		•
TITLE	DVS	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	SEYMORE, ERNESTINE	_	2.2 NAME				
STREET ADDRESS	C/O 344 SW 4TH AVE		2.3 STRE	ET ADDRESS		75 f 1 - 7	7
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY	-ST-ZIP			
TITLE	DT	☐ DELETE	3.1 TITLE			. Change	☐ Addition
NAME	SCOTT, WILLIE		3.2 NAME				1
STREET ADDRESS	C/O 344 SW 4TH AVE		3.3 STRE	ET ADDRESS			.
CITY-ST-ZIP	HOMESTEAD FL		3.4. CITY			Change	Addition
TITLE		□ DECE IE	4.1 TITLE			. Unange	
NAME			4. 2 NAM			•] -
STREET ADDRESS			4.3 STRE	ET ADDRESS			\ .
CITY-ST-ZIP TITLE			5.1 TITLE			Change	☐ Addition
NAME		<u> </u>	5.2 NAME	1			.
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-\$T-ZIP			5.4 CITY-	ST-ZIP	· ·	, [6	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			•	ET ADORESS			
			■ 6.4 OTTV	OT THE			1.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR