# 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

APPROVED AND FILED
95 MAR -2 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000378 (9)

1. Corporation Name
RESIDENT ASSEMBLY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5300 WEST 16 AVE.<br>HIALEAH FL 33012 | 5300 WEST 16 AVE.<br>HIALEAH FL 33012 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:
4. FEI Number: 65-0469225 ☐ 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 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

HAHN, SHARON K
12225 NORTHEAST MIAMI COURT
NORTH MIAMI FL 33161

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 | P | 1.1 TITLE | D ☐ Change ☒ Addition |
| NAME | Nora Dickerson | 1.2 NAME | Dorothy Markowitz |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #239 | 1.3 STREET ADDRESS | 5300 W. 16th Ave., Apt. #148 |
| CITY-ST-ZIP | Hialeah, FL 33012 | 1.4 CITY-ST-ZIP | Hialeah, FL 33012 |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | James Church | 2.2 NAME | |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #119 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33012 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | Margaret Gruff | 3.2 NAME | |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #518 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33012 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | Julia Edwards | 4.2 NAME | |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #154 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33012 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | Virginia Willson | 5.2 NAME | |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #309 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33012 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | Vincent Paulsen | 6.2 NAME | |
| STREET ADDRESS | 5300 W. 16th Ave., Apt. #213 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33012 | 6.4 CITY-ST-ZIP | |

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)(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.

**SIGNATURE:** Nora E Dickerson Nora E. Dickerson 1/26/95 (305) 556-3500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0037612