

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

DOCUMENT # N94000000378 (9)

1. Corporation Name

RESIDENT ASSEMBLY, INC.

Principal Place of Business

5300 WEST 16 AVE.
HIALEAH FL 33012

Mailing Address

5300 WEST 16 AVE.
HIALEAH FL 33012



3. Date Incorporated or Qualified
01/26/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DICKERSON, NORA
STREET ADDRESS 5300 W. 16TH AVE., APT. #239
CITY-ST-ZIP HIALEAH FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Church, James
1.3 STREET ADDRESS 5300 W. 16th Ave., Apt. #119
1.4 CITY-ST-ZIP Hialeah, FL 33012

TITLE V ☐ DELETE
NAME CHURCH, JAMES
STREET ADDRESS 5300 W. 16TH AVE., APT. #119
CITY-ST-ZIP HIALEAH FL

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Edwards, Julia
2.3 STREET ADDRESS 5300 W. 16th Ave., Apt. #154
2.4 CITY-ST-ZIP Hialeah, FL 33012

TITLE S ☐ DELETE
NAME GRUFF, MARGARET
STREET ADDRESS 5300 W. 16TH AVE., APT. #518
CITY-ST-ZIP HIALEAH FL

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Dickerson, Nora
3.3 STREET ADDRESS 5300 W. 16th Ave., Apt. #239
3.4 CITY-ST-ZIP Hialeah, FL 33012

TITLE T ☐ DELETE
NAME EDWARDS, JULIA
STREET ADDRESS 5300 W. 16TH AVE., APT. #154
CITY-ST-ZIP HIALEAH FL

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Krahmer, Helen
4.3 STREET ADDRESS 5300 W. 16th Ave., Apt. #153
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILLSON, VIRGINIA
STREET ADDRESS 5300 W. 16TH AVE., APT. #309
CITY-ST-ZIP HIALEAH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PAULSEN, VINCENT
STREET ADDRESS 5300 W. 16TH AVE., APT. #213
CITY-ST-ZIP HIALEAH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)