FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N9400000841 (6)

BROW	ARD AFFORDABLE HOUSIN	IG COALITION, INC.			
Principal Plac	e of Business	Mailing Address		E CADISTAL BIR 1811 AIGH BRITE BRITE BRITE BRITE BRITE BRITE BRITE	/#101 001001 FORFIL W1WW1 11W1 1WW1
SUITE 35 SUITE 35		3601 W. COMMERCIAL BLV SUITE 35 FT. LAUDERDALE FL 33309	-	3. Date Incorporated or Qualified 02/18/1994	
}				4. FEI Number 65-0494798	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apl.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & Stat	Δ	City & State		Trust Fund Contribution	Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowne	No No
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25		30		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
DAMIC MEANING AS					
DAVIS, KENNY M 7160 N.W. 47TH PLACE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	HILL FL 33319		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statute	es the shove-named co	FL	of changing its registered
office or I	egistered agent, or both, in the State	of Florida, Such change was a	outhorized by the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	inti latilikai with, and accept the obliga	anona di, section d'i r.0506, Filo	riga statutes.		
SIGNATURE	Signature, lyped or printed name of registered age	nt and title it applicable. (NOTE	Registered Agent signature req	uired when reinstating} DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	\$0	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, YAMILETTE		1.2 NAME		
STREET ADDRESS	1161 NW 15TH STREET		1.9 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL SD	☐ DELETE	1.4 City - St - ZiP		Change Addition
NAME	DAVIS, PATRICIA		2.1 TITLE 2.2 NAME		Citaline Citation
STREET ADDRESS	2830 NW 13 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP	7	
TITLE	TO	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JIMMY L		3.2 NAME		
STREET ADDRESS	1920 NW 47TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		3.4. DITY-ST-ZIP		
TITLE	PM	DELETE	4.1 TITLE		Change
NAME	G ILLIS, EUGENE		4.2 NAME		
STREET ADDRESS	4461-NW-70TH-AVENUE		4.3 STREET ADDRESS 9	1903 NOBHILL CANE	
CITY-ST-ZIP	-LAUDERHILL FL 33319-		4.4 CITY-ST-ZIP	1903 NOBHIL CANE SUNTISE, FL 33351	
TITLE	VD	☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME	KING, FREEMAN ESQ		5.2 NAME		
STREET ADDRESS	217 N.W. 14TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060	T NI STE	5.4 CITY-ST-ZIP		Change Ladge.
TITLE	-	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		

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 changes, or on an attachment with an address.

CIGNATURE

Reggie T.

4/4/68

(954)978, N25

Oct 01 1998 8:00am

Secretary of State