

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90027 002 ****61.25

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1. Corporation Name

BROWARD AFFORDABLE HOUSING COALITION, INC.

Principal Place of Business

3601 W. COMMERCIAL BLVD.
SUITE 35
FT. LAUDERDALE FL 33309

Mailing Address

3601 W. COMMERCIAL BLVD.
SUITE 35
FT. LAUDERDALE FL 33309



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/18/1994

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0494798

Applied For
Not Applicable

2 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

3 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

4 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, KENNY M
7160 N.W. 47TH PLACE
LAUDERHILL FL 33319

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. TITLE ☐ DELETE

NAME
SD
WILLIAMS, YAMILETTE
1161 NW 15TH STREET
FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
SD
DAVIS, PATRICIA
2630 NW 12 STREET
POMPANO BEACH FL 33069

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
TD
RICHARDSON, JIMMY L
1920 NW 47TH AVENUE
LAUDERHILL FL 33313

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
PM
GILLIS, EUGENE
9903 NOBHILL ALNE
SUNRISE FL 33351

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

18. TITLE ☐ DELETE

NAME
VD
KING, FREEMAN ESQ
217 N.W. 14TH STREET
POMPANO BEACH FL 33060

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

19. TITLE ☐ DELETE

NAME
TY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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:

Eugene Gillis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Gillis 6/30/99 (954) 928-0135
Date Daytime Phone #

CR2E037 (5/99)