

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004218 (3)

1. Corporation Name

UNITED RESIDENT COUNCIL OF THE HOUSING AUTHORITY  
OF THE CITY OF FORT LAUDERDALE, INC.



Principal Place of Business

Mailing Address

121 NW 6TH AVE.  
FT. LAUDERDALE FL 33311

121 NW 6TH AVE.  
FT. LAUDERDALE FL 33311-9149

3. Date Incorporated or Qualified  
08/29/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1615 N.W. 23 Avenue

26 PO BOX 190369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale, FL

28 FT. LAUDERDALE, FL

24 Zip 33312

29 33319

25 Country

30 Country

4. FEI Number  
65-0587943

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

CHERRY, CHARLES W II  
121 NW 6TH AVE.  
FT. LAUDERDALE FL 33311

81 Name  
Ronald E. Smith

82 Street Address (P.O. Box Number is Not Acceptable)  
3493 Inverrary Blvd. West

83

84 City  
Lauderhill

85 Zip Code  
FL 33319

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 Ronald E. Smith

*Ronald E. Smith*

2/27/97

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 D ☐ DELETE

NAME GORDON, CASSANDRA  
STREET ADDRESS 2300 NW 16TH ST. #36  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BROWN, MERCEDES  
STREET ADDRESS C/O 2300 NW 16TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILLIAMS, BARBARA  
STREET ADDRESS 1701 S.W. 2ND ST. #18  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Cassandra Gordon* Cassandra Gordon

2/26/97 676-6719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034449

CR2E037 (9/96)