

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT Re-Statement 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004218 (3)**

1. Corporation Name

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

Principal Place of Business

**1615 NW 23 AVE
FT LAUDERDALE FL 33312
US**

Mailing Address

**P O BOX 190369
FT LAUDERDALE FL 33319
US**

3. Date Incorporated or Qualified

08/29/1994

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **1615 NW 23 AVE**

Suite, Apt. #, etc.

27 **FT LAUDERDALE, FL**

City & State

28 Zip

29 Country

30 **33311**

31 **US**

9. Name and Address of Current Registered Agent

**SMITH, RONALD E
3493 INVERRARY BLVD W
LAUDERHILL FL 33319**

81 Name

JEFF WHITELOW

82 Street Address (P.O. Box Number is Not Acceptable)

2062 NW 43rd Terrace #4

83

84 City

LAUDERHILL

5.00002905085--8

08/15/99

FL 1080-2903-3

******297.50**

3/8/99

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

Jeff Whitlow

Jeff Whitlow

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **GORDON, CASSANDRA**

STREET ADDRESS **2300 NW 16TH ST. #36**

CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☒ DELETE

NAME **BROWN, MERCEDES**

STREET ADDRESS **C/O 2300 NW 16TH ST.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **D** ☒ DELETE

NAME **WILLIAMS, BARBARA**

STREET ADDRESS **1701 S.W. 2ND ST. #18**

CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/Director** ☒ Change ☐ Addition

1.2 NAME **Maurice Phillips**

1.3 STREET ADDRESS **1523 NW 23rd Ave.**

1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

2.1 TITLE **V/Director** ☒ Change ☐ Addition

2.2 NAME **Vanessa Wilson**

2.3 STREET ADDRESS **516 NW 14th Ave. #48**

2.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

3.1 TITLE **T/Director** ☒ Change ☐ Addition

3.2 NAME **Schneil Holmes**

3.3 STREET ADDRESS **271 NW 12th terrace #2**

3.4 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

4.1 TITLE **100002859291--L2** ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

04/30/99--01138--004

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5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

REINSTATEMENT 98-99

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KH

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 changed, or on an attachment with an address

SIGNATURE:

Maurice Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-99

Daytime Phone #

954 676 5143

0000512

CR2E037 (5/98)