FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004969 (1)**

1. Corporation Name

NEW HOPE OVERTOWN COMMUNITY HOUSING DEVELOPMENT ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% GREATER BETHEL AME CHURCH 245 NW 8TH ST MIAMI FL 33169	% GREATER BETHEL AME CHURCH 245 NW 8TH ST MIAMI FL 33169

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:
4. FEI Number: [X] 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

WHITE, JOHN F REV
245 NW 8TH ST
MIAMI FL 33169

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John F. White — 3/28/95
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		11 TITLE	PD [ ] Change [ ] Addition
NAME		12 NAME	White, John F.
STREET ADDRESS		13 STREET ADDRESS	245 NW 8th Street
CITY-ST-ZIP		14 CITY-ST-ZIP	Miami, FL 33136
TITLE		21 TITLE	VD [ ] Change [ ] Addition
NAME		22 NAME	Gustafson, James
STREET ADDRESS		23 STREET ADDRESS	3899 NW 7th Street #200
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33126
TITLE		31 TITLE	STD [ ] Change [ ] Addition
NAME		32 NAME	Jones, Jesse
STREET ADDRESS		33 STREET ADDRESS	7605 SW 125th Street
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33156
TITLE		41 TITLE	D [ ] Change [ ] Addition
NAME		42 NAME	Brown, Alfreda
STREET ADDRESS		43 STREET ADDRESS	1840 NW 81st Street
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33147
TITLE		51 TITLE	D [ ] Change [ ] Addition
NAME		52 NAME	Koonce, George (M.D.)
STREET ADDRESS		53 STREET ADDRESS	14651 SW 94th Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33147
TITLE		61 TITLE	D [ ] Change [ ] Addition
NAME		62 NAME	Bettye Wiggs
STREET ADDRESS		63 STREET ADDRESS	2001 NW 35th Street
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, FL 33124

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 added to the report with an address.

SIGNATURE: John F. White — 4/14/95 — 305/371-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041787