

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000002041 (0)**

1. Corporation Name

FLORIDA ASSOCIATION OF RESIDENT COUNCILS, INC.



Principal Place of Business

Mailing Address

1700 JOE LOUIS STREET
#165
TALLAHASSEE FL 32304

1700 JOE LOUIS STREET
#165
TALLAHASSEE FL 32304

3. Date incorporated or Qualified

04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **11497 S.W. 213 St.**

26 **11497 S.W. 213 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ 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

23 **Goulds Fl.**

28 **Goulds Fl.**

24 **33189**

25 **Dade**

29 **33189**

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATTLE, MAPHELIA O
457-A11 WHITE DRIVE
TALLAHASSEE FL 32304**

81 Name **Helen Hamilton**

82 Street Address (P.O. Box Number is Not Acceptable)
6503 N.W. 14 Ct.

83 **Miami**

84 City

FL 85 Zip Code
33147

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

Helen Hamilton

(NOTE: Registered Agent signature required when reinstating)

July 10, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **JACKSON, LEONA A**
STREET ADDRESS **931 BETHUNE VILLAGE**
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Weniford Kemp**
1.3 STREET ADDRESS **11497 S.W. 213 St.**
1.4 CITY - ST - ZIP **Goulds Fl, 33189**

TITLE **VD** ☒ DELETE
NAME **THICKLIN, KATHLEEN**
STREET ADDRESS **6435 SEMINOLE CIRCLE**
CITY - ST - ZIP **LANTANA FL 33462**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Mattie Bethel**
2.3 STREET ADDRESS **200 N.W. 64 St.**
2.4 CITY - ST - ZIP **Miami, FL 33150**

TITLE **TD** ☒ DELETE
NAME **MORRIS, LENDILLA**
STREET ADDRESS **P.O. BOX 551128 N/A**
CITY - ST - ZIP **ORLANDO FL 32855**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Genera Thomas**
3.3 STREET ADDRESS **2200 N.W. 54 St**
3.4 CITY - ST - ZIP **Miami, FL 33142**

TITLE **SD** ☒ DELETE
NAME **MATHIS, DEBORAH**
STREET ADDRESS **4657 SOUTH DYSON CIRCLE**
CITY - ST - ZIP **WEST PALM BEACH FL 33415**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Donofa Range**
4.3 STREET ADDRESS **811 Bethune Village**
4.4 CITY - ST - ZIP **Daytona Beach, FL 32114**

TITLE **SD** ☐ DELETE
NAME **RAINGE, DONOFA**
STREET ADDRESS **811 BETHUNE VILLAGE**
CITY - ST - ZIP **DAYTONA BEACH FL 32114**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 on an attachment with an address.

SIGNATURE:

Weniford Kemp / Weniford Kemp

7/9/96

(305) 251-8311

(305) 734-6791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0002516

CR2E037 (3/96)