


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N95000002041 (0)**

1. Corporation Name

**FLORIDA ASSOCIATION OF RESIDENT COUNCILS, INC.**

Principal Place of Business

11497 SW 21 ST  
#165  
GOULDS FL 33189  
US

Mailing Address

11497 SW 213 ST  
#165  
GOULDS FL 33189-2706  
US



3. Date Incorporated or Qualified  
**04/28/1995**

3a. Date of Last Report  
**07/19/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
**APPLIED FOR**

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

**HAMILTON, HELEN**  
**6593 NW 14 CT**  
**MIAMI FL 33147**

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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WENIFORD, KEMP	
STREET ADDRESS	11497 SW 213 ST	
CITY-ST-ZIP	GOULDS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEHTEL, MATTIE	
STREET ADDRESS	200 NW 64 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, GENEVA	
STREET ADDRESS	2200 NW 54 ST - #809	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RANGE, DONOFA	
STREET ADDRESS	811 BETHUNE VILLAGE	
CITY-ST-ZIP	SAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAINGE, DONOFA	
STREET ADDRESS	811 BETHUNE VILLAGE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Weniford Kemp	
1.3 STREET ADDRESS	11497 S. W. 213 St	
1.4 CITY-ST-ZIP	GOULDS FL 33189	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETHEL, MATTIE D.	
2.3 STREET ADDRESS	200 N.W. 55 ST #207	
2.4 CITY-ST-ZIP	MIAMI FL 33127	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas Geneva	
3.3 STREET ADDRESS	2200 N.W. 54 ST. #809	
3.4 CITY-ST-ZIP	MIAMI FL 33142	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	DAYTONA, Beach, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mattie D. Bethel* **3-1-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033781

CR2E037 (9/96)