

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # N95000004569 (8)**  
 Corporation Name  
**MARY'S HOUSE, INC.**



Principal Place of Business Mailing Address  
**5895 N.W. 12TH AVENUE MIAMI FL 33127**      **5895 N.W. 12TH AVENUE MIAMI FL 33127**

3. Date Incorporated or Qualified  
**09/25/1995**

4. FEI Number **65-0609094** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**JOHNSON, STEPHANYE**  
**13724 N. KENDALL DRIVE #130**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **Willie Mary Givens-Myers**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2323 NW 85 Street**

83

84 City **Miami** 85 Zip Code **FL 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 *Willie Mary Givens-Myers* DATE **6/18/98**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, WILLIE M</b>	
STREET ADDRESS	<b>5895 N.W. 12TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GROSS, OLIVER</b>	
STREET ADDRESS	<b>1315 NW 95TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLINCH, CLEMENTINE</b>	
STREET ADDRESS	<b>306 NW 29TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Clementine Clinch</b>	
1.3 STREET ADDRESS	<b>3035 NW 68 Street</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33147</b>	
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jim Brennan</b>	
2.3 STREET ADDRESS	<b>27501 South Dixie Highway, Suite 300</b>	
2.4 CITY-ST-ZIP	<b>Naranja, FL 33032</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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 as an attachment with an address.

SIGNATURE: *Willie Mary Givens-Myers* **5/1/98** **(305) 836-5950 (CH)** **686-4450 (CW)**

CR2E037 (10/97)