

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

FILED
Aug 20 1996 8:00 am
Secretary of State

DOCUMENT # N95000005062 (3)

1. Corporation Name

ROOSEVELT ESTATE ASSOCIATION, INC.



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| Principal Place of Business 1472 N MANGONIA DR WEST PALM BEACH FL 34401 | | Mailing Address 1472 N MANGONIA DR WEST PALM BEACH FL 34401 | | 3. Date Incorporated or Qualified 10/26/1995 | | 3a. Date of Last Report | |
| 2. Principal Place of Business 21 A.J. Gaines Recreation Center Suite, Apt. #, etc. 1501 Aug. Ave City & State West Palm Beach Zip 33401 | | 2a. Mailing Address 26 1472 N Mangonia Dr Suite, Apt. #, etc. City & State West Palm Beach Zip 33401 | | 4. FEI Number Not yet | | Applied For Not Applicable | |
| 22 1501 Aug. Ave City & State West Palm Beach Zip 33401 | | 27 West Palm Beach City & State West Palm Beach Zip 33401 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | |
| 23 33401 Country P B Ch | | 29 33401 Country P B Ch | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | |
| 9. Name and Address of Current Registered Agent BETHEL OLIVA 1472 N MANGONIA DR WEST PALM BEACH FL 34401 | | | | 10. Name and Address of New Registered Agent 81 Name Mr. Earl Cobb 82 Street Address (P.O. Box Number is Not Acceptable) 1408 13th Street 83 84 City West Palm Beach FL 85 Zip Code 33401 | | | |
| 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 Earl Cobb 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 one Olivia Bethel - Pres NAME STREET ADDRESS 1472 N. mangonia Drive CITY - ST - ZIP West Palm Beach 33401 | | | | 1.1 TITLE AD Assistant Director 1.2 NAME Bobby Blanks 1.3 STREET ADDRESS 1383 N. mangonia Drive 1.4 CITY - ST - ZIP West Palm Beach - 33401 | | | |
| TITLE AD Asst. Director NAME Earl Cobb STREET ADDRESS 1408 13th Street CITY - ST - ZIP West Pl Beach 33401 | | | | 2.1 TITLE AD Assistant Director 2.2 NAME Jacquelyn L. Williams 2.3 STREET ADDRESS 1409 13th Street 2.4 CITY - ST - ZIP West Palm Beach - 33401 | | | |
| TITLE Sec. Secretary NAME Gloria Wilson STREET ADDRESS 4301 North Mangonia Dr CITY - ST - ZIP West Palm Beach 33401 | | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | | |
| TITLE T. Treasurer NAME Christine McClain STREET ADDRESS 1383 Palm Beach Lake Blvd CITY - ST - ZIP West Palm Beach - 33401 | | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | | |
| TITLE T. Treasurer NAME Ora Hawkins (Treasurer) STREET ADDRESS 1310 13th Street CITY - ST - ZIP West Palm Beach - 33401 | | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 200001927852 5.4 CITY - ST - ZIP -08/21/96--01012--049 ***61.25 | | | |
| TITLE AD Asst. Director NAME Vicki Pettarris STREET ADDRESS 1510 North Mangonia Circle CITY - ST - ZIP West Palm Beach 33401 | | | | 6.1 TITLE 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:

SIGNATURE REQUIRED

6/30/96-561 833-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)