

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

97 MAY -1 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000224 (3)

1. Corporation Name

NEW ERA URBAN RENEWAL, INC.



Principal Place of Business

Mailing Address

630 W. BREVARD  
TALLAHASSEE FL 32304

630 W. BREVARD  
TALLAHASSEE FL 32304-7911

2. Principal Place of Business

21 661 W BREVARD

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip

24 32304

Country

25 USA

2a. Mailing Address

26 661 W BREVARD

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32304

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, PAT  
630 W. BREVARD  
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

01/12/1996

3a. Date of Last Report

4. FEI Number

593365689

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

1000 N 51st St Tallahassee FL 32304

05/02/97-01153-006

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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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILLIAMS, PAT  
STREET ADDRESS 630 W. BREVARD  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ DELETE

NAME WILLIAMS, RALPH  
STREET ADDRESS 630 W. BREVARD  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ DELETE

NAME WILLIAMS, FRANK  
STREET ADDRESS 630 W. BREVARD  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

Signature typed or printed name of registered agent and title if applicable

DATE

CR2E037 (9/96)