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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT -9 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N96000001534

Health Fontaine Community Development Corp.

Principal Place of Business

Mailing Address

20941 N.E. 25th ct. 19A.W. HALLENDALE BCH.BLVD  
N. MIAMI BEACH.,  
FL. 33180 HALLENDALE, FL. 33109

REINSTATEMENT 97-98

3. Date Incorporated or Qualified

3/25/96

3a. Date of Last Report

3/25/96

4. FEI Number

65- 0722324

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

2. Principal Place of Business

2a. Mailing Address

21 20941 N. E. 25th ct.

26 20941 N.E. 25 ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NORTH MIAMI BEACH

27 NORTH MIAMI BEACH

City & State

City & State

23 FL. 33180

28 FL. 33180

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Victoria E. P. Inwang  
13850 N. W. 26 Avenue  
N. Miami Beach,  
FL. 33054

81 Name

BNA EKPENYONG

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

20941 N.E. 25ct

83

NORTH MIAMI BEACH,

84 City

FL

85

Zip Code

33180

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

*Ena V. Ekpennyong*  
Signature, typed or printed name of registered agent and title if applicable

Ena V. Ekpennyong

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME EMMA E. EKPENYONG ☐ DELETE  
STREET ADDRESS 1172 N.E. 196 ST.  
CITY- ST- ZIP N. MIAMI BCH. FL.  
33180

TITLE D  
NAME MILDRED MCFOY ☐ DELETE  
STREET ADDRESS 14560 NE, 6 AVE.  
CITY- ST- ZIP NORTH MIAMI, FL.  
33161

TITLE D  
NAME GLORY P I. PATRICK ☐ DELETE  
STREET ADDRESS 20520 BISCAYNE BLVD.  
CITY- ST- ZIP N. MIAMI, FL 33180

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

*Ena V. Ekpennyong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ena V. EKPENYONG

9/10/98

Date

Daytime Phone: #

CR2E037 (9/96)