

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 045 ****61.25

DOCUMENT # N97000001902



1. Entity Name
HALLANDALE NEIGHBORHOOD IMPROVEMENT
CORPORATION

Principal Place of Business
400 SOUTH FEDERAL HIGHWAY
ROOM #242
HALLANDALE, FL 33309 US

Mailing Address
400 SOUTH FEDERAL HIGHWAY
ROOM #242
HALLANDALE, FL 33309 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0740970

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOVE, DAVID
400 S. FEDERAL HWY
HALLANDALE BEACH, FL 33009

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, JOY	
STREET ADDRESS	400 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, DOROTHY	
STREET ADDRESS	35 CACTUS AVENUE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAINES, MARY	
STREET ADDRESS	628 SW 10TH STREET	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENTECOST, JACKIE	
STREET ADDRESS	2001 ATLANTIC SHORES BLVD #501	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, GLORIA	
STREET ADDRESS	410 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHEESMAN, ERNIE	
STREET ADDRESS	3801 S. OCEAN DRIVE - APT 3B	
CITY-ST-ZIP	HALLANDALE, FL 33009	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #