

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90229 019 \*\*\*\*70.00

**DOCUMENT # N98000005264**

**1. Entity Name**  
**CANALAKES HOUSING FOUNDATION, INC.**



**Principal Place of Business**  
**516 N.E. 13TH STREET**  
**FORT LAUDERDALE FL 33304**

**Mailing Address**  
**516 N.E. 13TH STREET**  
**FORT LAUDERDALE FL 33304**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0870090**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STEARNS WEAVER MILLER WEISSLER ALHADEFF PA**  
**C/O BRIAN MCDONOUGH, ESQ.**  
**STE. 2200 MUSEUM TOWER, 150 W. FLAGLER ST.**  
**MIAMI FL 33130**

**Name JACKSON, ROBERT O.**

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

**516 N.E. 13TH STREET**

**City FT. LAUDERDALE, FL**

**Zip Code 33304**

**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.**

**ROBERT O. JACKSON**

**4/21/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BABER, JOHN BRANTLEY</b>	
STREET ADDRESS	<b>3050 CHAIN BRIDGE RD., #305</b>	
CITY-ST-ZIP	<b>FAIRFAX VA 22030-2834</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, ROBERT</b>	
STREET ADDRESS	<b>516 N.E. 13TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JANTON, STEPHEN R</b>	
STREET ADDRESS	<b>516 N.E. 13TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** **GARY L. JOHNSON**  
**CONTROLLER**

**4/21/03 954-927-4545**

CR2E037 (10/02)