

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000066589 (0)**

1. Corporation Name

CONVENANT AFFORDABLE HOUSING CORPORATION



Principal Place of Business

**500 COLLEGE TERRACE
HOMESTEAD FL 33030**

Mailing Address

**500 COLLEGE TERRACE
HOMESTEAD FL 33030**

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1634 N.W. 6th Avenue**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 900370**
Suite, Apt. #, etc.

4. FEI Number
65-0530252
☒ Applied For
☐ Not Applicable

22 City & State
Florida City

27 City & State
Homestead, FL

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

23 Zip
33034
Country
U.S.A.

28 Zip
33090-0370
Country
U.S.A.

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

9. Name and Address of Current Registered Agent

**DAVIS, NEHEMIAH
500 COLLEGE TERRACE
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name **Nehemiah Davis**

82 Street Address (P.O. Box Number is Not Acceptable)
1634 N.W. 6th Avenue

83

84 City **Florida City**

FL

85 Zip Code
33034

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Nehemiah Davis **Nehemiah Davis, Vice President**

2/21/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ANDREWS, ISRAEL
561 NW THIRD ST
FLORIDA CITY FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPTS
DAVIS, NEHEMIAH
884 NW 14TH STREET
FLORIDA CITY FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nehemiah Davis* **Nehemiah Davis** **2/21/96** **305-245-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)