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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003330

1. Corporation Name
COMMUNITY PARTNERSHIP FOR HOMELESS, INC.

Principal Place of Business 1550 N. MIAMI AVE. MIAMI FL 33136 US	Mailing Address 1550 NORTH MIAMI AVENUE STE. 1710 MIAMI FL 33136 US
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* 2 4 0 3 3 4 *
 240334 - 90083 - 11



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/23/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0425069
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
33136	30	Miami-Dade

9. Name and Address of Current Registered Agent

SUMMERS, LYNN M
 1550 N MIAMI AVE
 MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, ALVAH H JR.	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIGOYA, CARLOS A	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEWIS, LYNN B	
STREET ADDRESS	1390 BRICKELL AVE. STE. 280	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DOUGLAS,	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H JR	
STREET ADDRESS	100 SE SECOND ST 30TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUMBERG, DAVID	
STREET ADDRESS	255 ALHAMBRA CIR STE 1100	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harris, Douglas
4.3 STREET ADDRESS	30730 Warson Blvd
4.4 CITY-ST-ZIP	Big Pine Key, FL 33043
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Richard Adams, Jr. Esq.
6.3 STREET ADDRESS	66 West Flagler St (5th Floor
6.4 CITY-ST-ZIP	Concord Bld) Miami, FL 33130

14. 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 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, with all other like empowered.

SIGNATURE: **Lynn B. Lewis** 1/14/99 (305) 374-0148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037-11/98

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COMMUNITY PARTNERSHIP FOR HOMELESS INC. - BOARD LIST
Updated 12/10/98

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