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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 724683 (8)
 1. Corporation Name
FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Principal Place of Business Mailing Address
 3263 ROBINHOOD RD. TALLAHASSEE FL 32312
 3263 ROBINHOOD RD. TALLAHASSEE FL 32312

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date incorporated or Qualified 10/30/1972 3a. Date of Last Report 04/29/1994
 4. FEI Number 23-0724683 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
OGBURN, LOU
3263 ROBINHOOD RD.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 Louise L. Ogburn DATE 3-16-95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE) Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUSZ, NANCY	1.2 NAME	Stan Fitterman
STREET ADDRESS	430 S. HARTSELL AVE	1.3 STREET ADDRESS	1300 S Lecanto Hwy
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Lecanto, FL 34461
TITLE	PD	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLEY, KAREN	2.2 NAME	
STREET ADDRESS	1900 S.E. 4TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JEAN	3.2 NAME	Lynda Hinckley
STREET ADDRESS	3806 E. 8TH ST	3.3 STREET ADDRESS	718 Margaret Sq
CITY-ST-ZIP	SPRINGFIELD FL	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, FRED	4.2 NAME	
STREET ADDRESS	1800 FARM WORKERS WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGBURN, LOU	5.2 NAME	
STREET ADDRESS	3263 ROBINHOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, AUDLEY	6.2 NAME	
STREET ADDRESS	1514 UNION ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 110.07(3)(b), 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: Louise L. Ogburn DATE 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR