

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

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TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified
10/30/1972

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23-0724683

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OGBURN, LOU
3263 ROBINHOOD RD.
TALLAHASSEE FL 32312**

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 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

Signature, typed 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	DELETED
D	FITTERMNA, STAN	1300 S LECANTO HWY	LECANTO FL	<input checked="" type="checkbox"/>
D	GODLEY, KAREN	1900 S.E. 4TH ST	GAINESVILLE FL	<input checked="" type="checkbox"/>
D	HINCKLEY, LYNDA	718 MARGARET SQ	WINTER PARK FL	<input type="checkbox"/>
VD	THOMAS, FRED	1800 FARM WORKERS WAY	IMMOKALEE FL	<input type="checkbox"/>
ST	OGBURN, LOU	3263 ROBINHOOD RD.	TALLAHASSEE FL	<input type="checkbox"/>
PD	EVANS, AUDLEY	1514 UNION ST.	TAMPA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
D	DOROTHY SASSER	500 N. Blvd. West	Chipley, FL 32428	<input type="checkbox"/>	<input type="checkbox"/>
D	LINDA MCDONNELL	300 Sunflower Circle	DELAND, FL 32724-5556	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou Ogburn
Lou Ogburn, Secretary/Treasurer

4-8-96

Date

(904) 385-2350

Daytime Phone #

CR2E037 (12/95)