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03-05-1999 90115 012 ****70.50

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740651

1. Corporation Name
SEBRING HOUSING RESEARCH & DEVELOPMENT, INC

Principal Place of Business
 1800 TANGERINE AVE.
 P. O. BOX 431
 SEBRING FL 33870

Mailing Address
~~1316 SUMTER STREET
 LEESBURG FL 34748
 US~~



176578-90715-12 5 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	613 S. 12th STREET	10/28/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1786646	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28	LEESBURG FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29	34748	30	USD

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, DOROTHY 1316 SUMTER STREET LEESBURG FL 34749				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 613 S. 12th STREET			
				83			
				84 City LEESBURG FL 85 Zip Code 34748			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOROTHY	1.2 NAME	
STREET ADDRESS	4526 HIGH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, ALICE	2.2 NAME	
STREET ADDRESS	1105 GRAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE	DIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARY	3.2 NAME	
STREET ADDRESS	1044 TANGERINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	SEC.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART, PAMELA	4.2 NAME	
STREET ADDRESS	4530 HIGH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL. 33870	4.4 CITY-ST-ZIP	
TITLE	VP-TRES	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, THEODOLY	5.2 NAME	
STREET ADDRESS	1315 GARWOOD AVE,	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL. 33870	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, WILLETTE	6.2 NAME	
STREET ADDRESS	4613 HIGH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL. 33870	6.4 CITY-ST-ZIP	

IF ATTD
 FEB 17 1999
 BY: 1132

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: **X** SIGNATURE REQUIRED *Dorothy Jones* (352) 787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/5/99 Daytime Phone #

CR2E037 (11/98)