

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90038 030 ****70.00

DOCUMENT # 743388

1. Corporation Name

FLORIDA NON-PROFIT HOUSING, INC.

Principal Place of Business

3909 KENILWORTH BLVD.
SEBRING FL 33870
US

Mailing Address

P. O. BOX 1987
SEBRING FL 33871-1987
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/27/1978

4. FEI Number

59-1902966

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

9. Name and Address of Current Registered Agent

STEPHENS, LAURETTA B
3909 KENILWORTH BLVD.
SEBRING, FL
33870

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 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 STD ☒ DELETE
NAME BROWN, MARY
STREET ADDRESS 1044 TANGERINE AVENUE
CITY-ST-ZIP SEBRING FL

TITLE PD ☐ DELETE
NAME FERNANDO PRO JR
STREET ADDRESS 20310 S.W. 106 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME WOODARD, JOHN
STREET ADDRESS 2931 DEBROCY WAY
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE
NAME MARTIN, WILLIE
STREET ADDRESS 211 CASA URBANO DRIVE
CITY-ST-ZIP CLINTON MS

TITLE VD ☐ DELETE
NAME MONTEZ, DAVID
STREET ADDRESS 205 N TEXAS AVE
CITY-ST-ZIP TAVARES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☐ Change ☒ Addition
1.2 NAME LERMA, ANGEL
1.3 STREET ADDRESS 647 HOLMES AVENUE
1.4 CITY-ST-ZIP LAKE PLACID FL 33852

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME PRO, JR., FERNANDO
2.3 STREET ADDRESS 20310 SW 106 AVENUE
2.4 CITY-ST-ZIP MIAMI FL 33189

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME WOODARD, JOHN
3.3 STREET ADDRESS 2931 DEBROCY WAY
3.4 CITY-ST-ZIP WINTER PARK FL 32792

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME MONTEZ, DAVID
5.3 STREET ADDRESS 205 N. TEXAS AVE.
5.4 CITY-ST-ZIP TAVARES FL 32778

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

941-385-2519

Date

Daytime Phone #

0058461

CR25037 (11/98)