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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:50

DOCUMENT # **743899** (7)
1. Corporation Name
TAMPA HOUSING DEVELOPMENT CORPORATION, INC.

Principal Place of Business Mailing Address
1514 UNION STREET TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1978** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-6001289** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc 26. Suite, Apt #, etc
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

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
GILMORE, RICARDO L, ESQ.
~~610 W. HORATIO STREET~~ **334 S. HYDE PARK AVE.**
TAMPA FL 33806

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEMONS, BLAKE 201 E KENNEDY BLVD - STE 1610 - TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUMPTER, LANNY 1908 W PLATT ST TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BARNES, GERALDINE 2608 ST. GONRAD, APT B TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRY, CHARLES 1920 6TH AVE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RATH, FRED 101 E. KENNEDY BLVD. TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - VC SHIPP, ROBERT 4424 ATWATER DRIVE TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D CHARLIE GUY III 2701 W. BUSCH BLVD TAMPA, FL 33618
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D SANDY WOODS P.O. Box 76039 9815 CURRIE DAVIS DR. TAMPA, FL 33645 33619
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D GILBERTO HERNANDEZ 918 E. BUSCH BLVD. TAMPA, FL 33612
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/27/95** (813) 254-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR