

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 20 1996 8:00 am  
Secretary of State

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



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

3. Date Incorporated or Qualified: 08/10/1978  
3a. Date of Last Report: 03/27/1995  
4. FEI Number: 59-6001289  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**GILMORE, RICARDO L., ESQ.**  
**334 S. HYDE PARK AVE.**  
**TAMPA FL 33606**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY, CHARLIE I	1 2 NAME	
STREET ADDRESS	2701 W BUSCH BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMPTER, LANNY	2 2 NAME	
STREET ADDRESS	1908 W PLATT ST	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, SANDY	3 2 NAME	
STREET ADDRESS	9815 CURRIE DAVIS DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GILBERTO	4 2 NAME	
STREET ADDRESS	918 E BUSCH BLVD	4 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4 4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATH, FRED	5 2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5 4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, ROBERT	6 2 NAME	
STREET ADDRESS	4424 ATWATER DRIVE	6 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6 4 CITY-ST-ZIP	

600001831116  
-05/21/96-01013-010  
\*\*\*61.25

5/20

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: Frederick H. Rath 5/9/96 813-988-6864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)