

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 # **746710** (3)
1. Corporation Name
MLF HOUSING, INC.



Principal Place of Business Mailing Address
540- SECOND AVENUE SOUTH ST PETERSBURG FL 33701 **540- SECOND AVENUE SOUTH ST PETERSBURG FL 33701**

3. Date Incorporated or Qualified **04/11/1979** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-0931120** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**CHADWICK, HARRY R JR
5858 CENTRAL AVE. 1ST FL
ST. PETERSBURG FL 33707**

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORROD, ROY	
STREET ADDRESS	2825 WEST FAIRWAY LOOP	
CITY - ST - ZIP	CITRUS SPRINGS, FL 8	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALBERS, A.L.	
STREET ADDRESS	2772 67TH ST. NO.	
CITY - ST - ZIP	ST PETERSBURG, FL 8	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIZZLE, MARY R	
STREET ADDRESS	120 GULF BLVD	
CITY - ST - ZIP	BELLEAIR SHORES, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAMPE, DOUGLAS M.	
STREET ADDRESS	14330 60TH ST. NO.	
CITY - ST - ZIP	CLEARWATER, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LARRY	
STREET ADDRESS	P.O. BOX 15718 NA	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATTKISSON, JAMES R.	
STREET ADDRESS	2801 HERON PLACE	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	34434
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33710
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pearson, Mary R.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33535
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1110 Pinellas Bayway. Suite 200
4.4 CITY - ST - ZIP	Tierra Verde, FL 33715
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	34684
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	9600 Koger Blvd., Suite 105
6.4 CITY - ST - ZIP	St. Petersburg, FL 33702

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: *Mary R. Pearson* 2/2/96 (813) 384-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY R. PEARSON, President

CR2E037 (12/95)