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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746710** (3)

1. Corporation Name

MLF HOUSING, INC.

Principal Place of Business

**540- SECOND AVENUE SOUTH
ST PETERSBURG FL 33701**

Mailing Address

**540- SECOND AVENUE SOUTH
ST PETERSBURG FL 33701**

3. Date Incorporated or Qualified

04/11/1979

4. FEI Number

59-1904656

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHADWICK, HARRY R. JR.
11300 FOURTH STREET NORTH, STE 200
ST. PETERSBURG FL 33716**

81 Name

James M. Chadwick

82 Street Address (P.O. Box Number is Not Acceptable)

11300 Fourth Street North

83

Suite 200

84 City

St. Petersburg

FL

85 Zip Code

33716

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

1/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MORROD, ROY**
STREET ADDRESS **2825 WEST FAIRWAY LOOP**
CITY-ST-ZIP **CITRUS SPRINGS, FL 0**

TITLE **STD** ☐ DELETE
NAME **ALBERS, A.L.**
STREET ADDRESS **2772 67TH ST. NO.**
CITY-ST-ZIP **ST PETERSBURG, FL 0**

TITLE **PD** ☐ DELETE
NAME **PEARSON, MARY R.**
STREET ADDRESS **120 GULF BLVD**
CITY-ST-ZIP **BELLEAIR SHORES, FL00000**

TITLE **VP** ☐ DELETE
NAME **LAMPE, DOUGLAS M.**
STREET ADDRESS **1110 PINELLAS BAYWAY SUITE 200**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **D** ☐ DELETE
NAME **BROWN, LARRY**
STREET ADDRESS **P.O. BOX 15718 NA**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **ATTKISSON, JAMES R.**
STREET ADDRESS **9600 KOGER BLVD., SUITE 105**
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98

813/578-1174

CR2E037 (10/97)