

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90023 046 ****61.25

0052260

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 746710

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/11/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1904656

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHADWICK, JAMES M
11300 FOURTH STREET NORTH
STE. 200
ST. PETERSBURG FL 33716**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P MARY R PEARSON**
1.3 STREET ADDRESS **120 GULF BLVD**
1.4 CITY-ST-ZIP **BELLEAIR SHORE FL 33786**

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

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

TITLE ☐ DELETE
NAME **PD PEARSON, MARY R.**
STREET ADDRESS **120 GULF BLVD**
CITY-ST-ZIP **BELLEAIR SHORES, FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33786**

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

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

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

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

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

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

01/07/99

(727) 578-1174

Date

Daytime Phone #

CR2E037 (1/98)