## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2004 8:00 am Secretary of State **DOCUMENT #746710** 1. DOMENO DO O 02-13-2004 90005 010 \*\*\*\*61.25 MLF HOUSING, INC. ويورون ويورون ويورون ويورون ويورون 540- SECOND AVENUE SOUTH 11300 4TH ST N VIUUUU42 ST PETERSBURG, FL 33701 200 SAINT PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) City & State City & State Applied Fo 4. FEI Number 59-1904656 Not Applic Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent е пп п CHADWICK, JAMES M בתונים מבוכום מוחם מתונים בים מוכנים מוח מוחום מבוכום ביו מווכנים ביו 11300 FOURTH STREET NORTH ST. PETERSBURG, FL 33716 חמום מחווות 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Added to Fees 10. 11. <del>D-</del> Delete TITLE TMLE ☐ Change MORROD, ROY NAME NAME STREET ADDRESS 12501 ULMERTON RD LOT 77 STREET ADDRESS CITY-ST-7IP LARGO, FL 33774 CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ☐ Ad ALBERS, A.L. NAME NAME 2772 67TH ST. NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ ST PETERSBURG, FL 0, CITY-ST-7IP ~ TITLE Delete 7171 F Change □ Ad GRIZZLE, MARY NAME NAME 120 GULF BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLEARIE SHORE, FL 33786 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Ad TITLE LAMPE, DOUGLAS M. NAME NAME 1110 PINELLAS BAYWAY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL CITY-ST-ZIP TITLE TITLE ☐ Delete - Change ☐ Ad BROWN, LARRY NAME NAME P.O. BOX 15718 NA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL ..... CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ATTKISSON, JAMES R. STREET ADDRESS 9600 KOGER BLVD., SUITE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL

12. 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 informatio indicated on this report or supplemental 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 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE:

FILED

Daytime Phone #