

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 # **N31825** (5)

1. Corporation Name

HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business: 2211 EAST HILLCREST ST. ORLANDO FL 32803 US
Mailing Address: 2211 EAST HILLCREST ST. ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 04/10/1995

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

4. FEI Number: 59-2951883
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATHAM, PETER G.
111 NORTH ORANGE AVENUE, STE. 1800
201 SOUTH ORANGE AVENUE
ORLANDO FL 32802

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Peter G. Latham*
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	P	<input type="checkbox"/> DELETE
NAME	TOMPKINS, THOMAS	
STREET ADDRESS	1731 BOGGY CREEK ROAD	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANSLEY, BOB	
STREET ADDRESS	100 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ERNESTO	
STREET ADDRESS	108 WYMORE ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOGT, PETE	
STREET ADDRESS	5850 HANSEL AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYE, RICHARD A.	
STREET ADDRESS	2277 LEE RD., SUITE 200 EAST	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FISHER, LISA	
STREET ADDRESS	14213 TILDEN RD.	
CITY-ST-ZIP	WINTER GARDEN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Roosevelt Peary
2.3 STREET ADDRESS	7625 Udine Way
2.4 CITY-ST-ZIP	Orlando, FL 32819
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T Meroy Charles
3.3 STREET ADDRESS	724 West Bentley Road
3.4 CITY-ST-ZIP	Orlando FL 32805
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Janice M Roberson
4.3 STREET ADDRESS	984 Mercy Drive, Suite #1
4.4 CITY-ST-ZIP	Orlando FL 32808
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Lisa Fisher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96
Date

Daytime Phone #

CR2E037 (12/95)