


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005394 (2)**  
1. Corporation Name  
**MARTIN HOUSING ALLIANCE, INCORPORATED**



Principal Place of Business <b>2307 S.E. MONTEREY RD. STUART FL 34996</b>	Mailing Address <b>2307 S.E. MONTEREY RD. STUART FL 34996-3331</b>
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3. Date Incorporated or Qualified <b>11/22/1993</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0462958</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SOPKO, JAMES 2307 SE MONTEREY ROAD STUART FL 34996</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOLL, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>10970 WETLAND WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, ROBERT Z</b>	2.2 NAME	
STREET ADDRESS	<b>1450 SE BREWSTER PL.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34997</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIVIKOSKI, URHO</b>	3.2 NAME	
STREET ADDRESS	<b>12883 S. INDIAN RIVER DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAKEFIELD, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>714 AVENUE H</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAKEL, BARBARA J</b>	5.2 NAME	
STREET ADDRESS	<b>1033 S.E. 14TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>CAMIS, ROBERT E</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>4500 W MIDWAY RD FORT PIERCE, FL</b>

14. I do 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: *Linda Wakefield* **REQUIRED** 4-9-97 561-468-5650

CR2E037 (9/96)