


FILE NOW: FILING FEE IS \$61.25

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May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005394

1. Corporation Name
MARTIN HOUSING ALLIANCE, INCORPORATED

Principal Place of Business 2307 S.E. MONTEREY RD. STUART FL 34996	Mailing Address 2307 S.E. MONTEREY RD. STUART FL 34996
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1993
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0462958
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

9. Name and Address of Current Registered Agent SOPKO, JAMES 2307 SE MONTEREY ROAD STUART FL 34996	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLL, WILLIAM	1.2 NAME	
STREET ADDRESS	10979 WETLAND WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ROBERT Z	2.2 NAME	Rose, Robert Z
STREET ADDRESS	1450 SE BREWSTER PL.	2.3 STREET ADDRESS	1450 S.E. Brewster Place
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIVIKOSKI, URHO	3.2 NAME	
STREET ADDRESS	12863 S. INDIAN RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEFIELD, LINDA	4.2 NAME	
STREET ADDRESS	714 AVENUE H	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKEL, BARBARA J	5.2 NAME	
STREET ADDRESS	1033 S.E. 14TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Barbara J Brakel **SIGNATURE REQUIRED** 4/27/99 (561) 221-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)