

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90067 027 ****61.25

0018321

DOCUMENT # N93000005394

1. Entity Name

MARTIN HOUSING ALLIANCE, INCORPORATED



Principal Place of Business

**2307 S.E. MONTEREY RD.
STUART FL 34996**

Mailing Address

**MARTIN HOUSING ALLIANCE INC
C/O 4500 W MIDWAY RD
FORT PIERCE FL 34981-4823**

2. Principal Place of Business

3. Mailing Address

1197 Robinson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocean Springs, MS

4. FEI Number **65-0462958**

Applied For

Not Applicable

Zip

Country

39564

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 accept 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)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	ROCHA, JOSE A	
STREET ADDRESS	758 SE WHITE AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAKEL, BARBARA J	
STREET ADDRESS	1033 S.E. 14TH STREET	
CITY-ST-ZIP	STUART-FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, LAURIE L	
STREET ADDRESS	1033 SE 14TH ST	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCADAMS, DIANE	
STREET ADDRESS	1509 SE LARK	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHONBACH, MICHAEL	
STREET ADDRESS	4 SW HIDEAWAY PL	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEELMAN, PETER	
STREET ADDRESS	1061 SE MONTEREY ROAD, APT D-30	
CITY-ST-ZIP	STUART FL 34994	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane McAdams* *Diane McAdams* *8/26/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)