SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006300 (7)

1. Corporation Name

HOUSING INDEPENDENCE, INC.

Principal Place of Business	Mailing Address
9260 BAY PLAZA BLVD. SUITE 510 TAMPA FL 33619	9260 BAY PLAZA BLVD. SUITE 510 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3285857 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ULVENES, THOMAS H
12310 N. NEBRASKA AVE.
SUITE F
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SLATER, LEE	12 NAME		
STREET ADDRESS	408 N. BRYAN CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	BRANDOMN FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHAIBLY, DEBI	22 NAME		
STREET ADDRESS	3153 TINA MARIE	23 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	STINNETTE, KEVIN	32 NAME		
STREET ADDRESS	5903 SUWANNEE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JOAN	42 NAME		
STREET ADDRESS	7107 MINTWOOD COURT	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	S/T/D	☒ Change ☐ Addition
NAME	LANITIS, CHRIS	52 NAME		
STREET ADDRESS	6038 17TH AVE. SOUTH	53 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL 33707	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Debi Schaibly July 24, 1995 (813) 225-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013112