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 # 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

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business	2a. Mailing Address
21 14914 Winding Creek Court	26 14914 Winding Creek Court
22 Suite, Apt. #, etc. Suite 101B	27 Suite, Apt. #, etc. SUITE 101B
23 City & State Tampa, FL	28 City & State TAMPA, FL
24 Zip 33613 25 Country Hillsborough	29 Zip 33613 30 Country Hillsborough

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: JUDITH RYAN for Self Reliance, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 12310 N. NEBRASKA AVENUE
83 SUITE F
84 City: TAMPA FL 85 Zip Code: 33612

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] JUDITH RYAN, Exec. Dir. for Self Reliance, Inc. 2/5/96
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLATER, LEE		1.2 NAME		
STREET ADDRESS	408 N. BRYAN CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDOMN FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHAIBLY, DEBI		2.2 NAME		
STREET ADDRESS	3153 TINA MARIE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~STINNETTE, KEVIN~~		3.2 NAME		
STREET ADDRESS	~~5903 SUWANNEE DRIVE~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL 33604~~		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JOAN		4.2 NAME		
STREET ADDRESS	7107 MINTWOOD COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANITIS, CHRIS		5.2 NAME		
STREET ADDRESS	6038 17TH AVE. SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: [signature] DEBI SCHAIBLY, VICE CHAIR 2/2/96 (813)225-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #