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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
14914 WINDING CREEK COURT SUITE 101B TAMPA FL 33613 US	14914 WINDING CREEK COURT SUITE 101B TAMPA FL 33613-1603 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/23/1994	04/17/1996

2. Principal Place of Business (21)	12310 N. Nebraska Avenue
Suite, Apt. #, etc. (22)	Suite F
City & State (23)	Tampa, FL
Zip (24)	33612
Country (25)	U.S.A.
2a. Mailing Address (26)	12310 N. Nebraska Avenue
Suite, Apt. #, etc. (27)	Suite F
City & State (28)	Tampa, FL
Zip (29)	33612
Country (30)	U.S.A.

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	10. Name and Address of New Registered Agent
RYAN, JUDITH 12310 N. NEBRASKA AVE. SUITE F TAMPA FL 33612	(81) Name: James P. Doyle (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: James P. Doyle — 6/9/97

Signature, typed or printed name of registered agent and title if applicable — DATE

(NOTE: Registered Agent signature required when reinstating)

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	FERNANDEZ, JOAN		3.2 NAME	
STREET ADDRESS	7107 MINTWOOD COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LANITIS, CHRIS		4.2 NAME	
STREET ADDRESS	6038 17TH AVE. SOUTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	D — ☐ Change ☒ Addition
NAME			5.2 NAME	Oliver, Eddie
STREET ADDRESS			5.3 STREET ADDRESS	5004 Knollwood Place
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33617
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 (9/96)

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: [illegible]