FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90078 023 ****61.25

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1. Corporation Name
HOUSING INDEPENDENCE, INC.

Principal Place of Business	Mailing Address
12310 N NEBRASKA AVE STE. F TAMPA FL 33612 US	12310 N NEBRASKA AVE STE F TAMPA FL 33612 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 11215 N. Nebraska Ave.	26 11215 N. Nebraska Ave.	12/23/1994
Suite, Apt. #, etc. 22 Suite B-3	Suite, Apt. #, etc. 27 Suite B-3	4. FEI Number 59-3285857 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, FL	City & State 28 Tampa, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33612 25	Zip / Country 29 33612 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOYLE, JAMES P ~~12310 N NEBRASKA AVE~~ STE. F TAMPA FL 33612	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11215 N. Nebraska Avenue 83 Suite B-3 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLATER, LEE 408 N. BRYAN CIRCLE BRANDOMN FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHAIBLY, DEBI 3153 TINA MARIE ZEPHYRHILLS FL XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	X Change ☐ Addition VD Eddie Oliver 5004 Knollwood Place Tampa, FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLL, BARBARA 12718 N 19TH ST. #1813 TAMPA FL 33612 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	XX Change ☐ Addition D Debi Schaibly 3153 Tina Marie Zephyrhills, FL 33543
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LANITIS, CHRIS ~~6038 17TH AVE. SOUTH~~ 6537-7 Cape Hatteras ~~GULFPORT FL~~ St. Petersburg, FL 33707 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVER, EDDIE 5004 KNOLLWOOD PLACE TAMPA FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHINSON, THOMAS H 712 COUNTRY CLUB DR TAMPA FL 33612 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: James P. Doyle Executive Dir. 4/26/99 813 975 6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #