

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006300

FILED
Jan 06, 2006
Secretary of State

Entity Name: HOUSING INDEPENDENCE, INC.

Current Principal Place of Business:

5013 KNOLLWOOD PLACE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

5013 KNOLLWOOD PLACE
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3285857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROSZ, BOB
5013 KNOLLWOOD PLACE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: OLIVER, EDDIE
Address: 5004 KNOLLWOOD PLACE
City-St-Zip: TAMPA, FL 33617

Title: PD (X) Delete
Name: DAUGHTERY, THOMAS
Address: 5233 PACIFIC AVE.
City-St-Zip: SPRINGHILL, FL 33607

Title: STD () Delete
Name: LANITIS, CHRIS
Address: 2162 2ND AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D () Delete
Name: SCHAIBLY, DEBI
Address: 3153 TINA MARIE
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: STD () Delete
Name: SLATER, JOANNE
Address: 408 N BRYAN CR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBI SCHAIBLY

D

01/06/2006

Electronic Signature of Signing Officer or Director

Date