2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90100 010 ****61.25

DOCUMENT # N95000003190

1. Entity Name

~~THREE RIVERS HOUSING CORPORATION~~
THREE RIVERS HOUSING FOUNDATION, INC.

Principal Place of Business	Mailing Address
520 FIRST ST. NEPTUNE BEACH FL 32266 US	520 FIRST STREET NEPTUNE BEACH FL 32312-6744

HU002241

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1981 CAPITAL CIRCLE NE.	1213 CONSERVANCY DR E.
Suite, Apt. #, etc.: STE 500	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32308 Country: USA	Zip: 32312 Country: USA

4. FEI Number: 59-3336405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOONE, FORREST F 520 FIRST STREET NEPTUNE BEACH FL 32266	Name: FORREST F. BOONE Street Address (P.O. Box Number is Not Acceptable): 1213 CONSERVANCY DR E. City: TALLAHASSEE FL Zip Code: 32312

8. 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: Forrest F. Boone PRES. 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BOONE, FORREST F 520 FIRST ST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BOONE FORREST F. 1213 CONSERVANCY DR. E TALLAHASSEE, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ELLIS, DAVID LEE 520 FIRST STREET JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BOONE, BARBARA S. 1213 CONSERVANCY DR. E TALLAHASSEE, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS STONE, PHILIP T 520 FIRST ST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STONE, PHILIP T. DTS 1621 FIFTH STREET NEPTUNE BEACH, FL 32266	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORMICK, PAUL J 520 FIRST ST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCORMICK, PAUL J. 7400 BAYMEADOWS WAY STE. 205 JACKSONVILLE, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Forrest F. Boone 4/27/00 9330008
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #