

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90049 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # N95000004679 1. Corporation Name HOMES FOR INDEPENDENCE, INC.

Principal Place of Business 2735 WHITNEY ROAD CLEARWATER FL 33760 US	Mailing Address POST OFFICE BOX 4010 CLEARWATER FL 33758-4010 US
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21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/03/1995		55-3342379		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Clearwater FL		33760		US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANDONATO, WILLIAM JR. 2735 WHITNEY ROAD CLEARWATER FL 34618				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDONATO, WILLIAM JR.	1.2 NAME	
STREET ADDRESS	2735 WHITNEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBURG, JACK D	2.2 NAME	
STREET ADDRESS	2735 WHITNEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, BARNARD E	3.2 NAME	
STREET ADDRESS	2735 WHITNEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SANDONATO, WILLIAM JR. 02/17/99 (727) 538-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)