

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003439

1. Entity Name
THE HOUSING LEAGUE, INC.



Principal Place of Business
1119 COTORRO AVE
CORAL GABLES, FL 33146

Mailing Address
1119 COTORRO AVE
CORAL GABLES, FL 33146



06182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FLICK, JERRY
1119 COTORRO AVE
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000162797
06/23/04-80001-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLICK, JERRY
STREET ADDRESS	1119 COTORRO AVE
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	STD
NAME	FLICK, JACQUELINE
STREET ADDRESS	1119 COTORRO AVE
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY FLICK 6/18/04

Date

305-962-3203

Daytime Phone #