

**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<br>65-0841175 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

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

**6. Name and Address of Current Registered Agent**

FLICK, JERRY  
1119 COTORRO AVE  
CORAL GABLES, FL 33146

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: JERRY FLICK 6/18/04 305-962-3203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #