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May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765538** (4)

1. Corporation Name

**FLORIDA HOUSING COALITION, INC.**

Principal Place of Business

Mailing Address

**1266 PAUL RUSSELL RD.  
TALLAHASSEE FL 32301-7103  
US**

**1266 PAUL RUSSELL RD.  
TALLAHASSEE FL 32301-7103  
US**

3. Date Incorporated or Qualified

**10/25/1982**

4. FEI Number

**59-2235835**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1367 E. Lafayette St**

**26 1367 E. Lafayette St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 C**

**27 C**

City & State

City & State

**23 Tallahassee, FL**

**28 Tallahassee, FL**

Zip

Zip

**24 32301**

**29 32301**

Country

Country

**25 USA**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARTSON, MICHELE  
1266 PAUL RUSSELL RD.  
P O BOX 932  
TALLAHASSEE FL 32302**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1367 E. Lafayette St., Suite C**

83

84 City

**Tallahassee**

FL

85 Zip Code

**32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**  
NAME **HENDRICKSON, MARK**  
STREET ADDRESS **1404 ALBAN AVENUE**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **TD**  
1.2 NAME **Hendrickson, Mark**  
1.3 STREET ADDRESS **1404 Alban Ave.**  
1.4 CITY-ST-ZIP **Tallahassee, FL**

TITLE **PD**  
NAME **HORVATH, DAN**  
STREET ADDRESS **302 N. BARCELONA ST.**  
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **TD**  
NAME **SORGE, MARY**  
STREET ADDRESS **825 N. FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE **VD**  
3.2 NAME **Sorge, Mary**  
3.3 STREET ADDRESS **50 N. Laura St., 9th FL**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **VD**  
NAME **JONES, ANTHONY**  
STREET ADDRESS **14 S. FORT HARRISON**  
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD**  
NAME **Gus Dominguez**  
STREET ADDRESS **1460 Brickell Ave., #309**  
CITY-ST-ZIP **Miami, FL 33131**

5.1 TITLE **SD**  
5.2 NAME **Gus Dominguez**  
5.3 STREET ADDRESS **1460 Brickell Ave., #309**  
5.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**Daniel R. Horvath**  
President  
4/1/98 890/5956234

CR2E037 (10/97)