

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746710

**Entity Name:** MLF HOUSING, INC.**Current Principal Place of Business:**540- SECOND AVENUE SOUTH  
ST PETERSBURG, FL 33701**Current Mailing Address:**5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607**FEI Number:** 59-1904656**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHADWICK, JAMES M  
5300 W. CYPRESS ST.  
STE. 200  
TAMPA, FL 33607 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	CLARKE, CARTER
Address	2655 ULMERTON ROAD
City-State-Zip:	CLEARWATER FL 33762

Title	PD
Name	LAMPE, DOUGLAS M.
Address	730 64TH AVENUE
City-State-Zip:	ST. PETE BEACH FL 33706

Title	STD
Name	BROWN, LARRY
Address	5802 N. OCCIDENT STREET
City-State-Zip:	TAMPA FL 33614

Title	VPD
Name	ATTKISSON, JAMES R.
Address	9600 KOGER BLVD., SUITE 105
City-State-Zip:	ST. PETERSBURG FL 33702

Title	D
Name	JOHNSON, DAVID
Address	2799 FEATHER SOUND DRIVE
City-State-Zip:	CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS M. LAMPE**PRESIDENT****01/17/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date