

2024 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:**180 FOUNTAIN PARKWAY N
SUITE 100
ST. PETERSBURG, FL 33716 US**FEI Number:** 59-1904656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHADWICK, JAMES M
180 FOUNTAIN PARKWAY N
SUITE 100
ST. PETERSBURG, FL 33716 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 PRESEDENT
Name ELEAZER, FORREST
Address 2363 GULF TO BAY BOULEVARD
SUITE 200
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY
Name CLARKE, CARTER IV
Address 1346 53RD AVEUNE N
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name CLARKE, CARTER
Address 2655 ULMERTON ROAD
SUITE 122
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name LAME, DOUGLAS
Address PO BOX 371
City-State-Zip: TERRA CEIA FL 34250

Title VICE PRESIDENT
Name ELLIS, ADAM
Address 135 16TH AVENUE NE
City-State-Zip: ST. PETERSBURG FL 33704

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

Title DIRECTOR
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: FORREST ELEAZER**PRESIDENT****02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date