

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738237**

(7)

1. Corporation Name

G - I - S HOUSING, INC.



Principal Place of Business

Mailing Address

**FREEDOM VILLAGE I
7700 66TH ST. NORTH
PINELLAS PARK FL 34665
US**

**10596 GANDY BLVD. NORTH (33702)
P.O. BOX 14456
ST. PETERSBURG FL 33733**

3. Date Incorporated or Qualified

03/02/1977

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Clb R. Lee Waits**

22 City & State

27 Suite, Apt. #, etc.

27 **P.O. Box 14456**

23 Zip

Country

28 City & State

28 **St. Petersburg FL**

24 Zip

25 Country

29 Zip

29 **33733-4456**

Country

4. FEI Number

59-1747348

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAITS, R. LEE
10596 GANDY BLVD. NORTH
ST. PETERSBURG FL 33733**

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME **PD
BRADLEY, JAMES P
4701 NORTH HIMES AVENUE
TAMPA FL**

TITLE ☒ DELETE

NAME **VD
MOORE, JADE
152 8TH AVENUE S.W.
LARGO FL**

TITLE ☐ DELETE

NAME **D
PRICE, BETTY
4880 LOCUST ST. NE #327
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **STD
DONAHO, BARBARA A
1200 7TH AVE NO
ST PETERSBURG FL**

TITLE ☐ DELETE

NAME **EVP
R. LEE WAITS
10596 GANDY BLVD.
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

R. Lee Waits

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Lee Waits

01/19/96

Date

Daytime Phone #

813-576-3819 227

CR2E037 (12/95)