


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743899** (7)
1. Corporation Name
TAMPA HOUSING DEVELOPMENT CORPORATION, INC.

Principal Place of Business Mailing Address
1514 UNION STREET TAMPA FL 33607



3. Date Incorporated or Qualified
08/10/1978
4. FEI Number **59-2289663** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILMORE, RICARDO L., ESQ.
334 S. HYDE PARK AVE.
TAMPA FL 33606**

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	D	NAME	CLEMENS, BLAKE	STREET ADDRESS	3318 PALMIRA AVENUE	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	SUMPTER, LANNY	STREET ADDRESS	1908 W PLATT ST	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	FISHER, MARGARET A DR	STREET ADDRESS	1807 E DR MARTIN LUTHER KING JR BLVD	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	HERNANDEZ, GILBERTO	STREET ADDRESS	918 E BUSCH BLVD	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	C	NAME	RATH, FRED	STREET ADDRESS	101 E. KENNEDY BLVD.	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	C	NAME	SHIPP, ROBERT	STREET ADDRESS	4424 ATWATER DRIVE	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert M. Shipp

3-6-98

CR2E037 (10/97)