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 # **758466** **(7)**

1. Corporation Name
SELF-RELIANCE HOUSING, INC.

Principal Place of Business	Mailing Address
12718 N. 19TH ST. TAMPA FL 33612	12718 N. 19TH ST. TAMPA FL 33612

3. Date Incorporated or Qualified: 05/21/1981
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1981675 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~ULVENES, TOM~~
~~123210 N. NEBRASKA AVE. STE F~~
~~TAMPA FL 33612~~

10. Name and Address of New Registered Agent

81 Name: Judith Ryan
82 Street Address (P.O. Box Number is Not Acceptable): 12310 N. Nebraska Suite F
83
84 City: Tampa FL 85 Zip Code: 33612

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: JUDITH RYAN, EXECUTIVE DIRECTOR — 1/22/96
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	~~CD~~	☒ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	~~BARD, KEENE~~		12 NAME	Lee Slater	
STREET ADDRESS	~~4420 PINE MEADOW CT~~		13 STREET ADDRESS	408 N. Bryan Cir.	
CITY-ST-ZIP	~~TAMPA FL~~		14 CITY-ST-ZIP	Brandon FL 33511	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	COLLET-KTIZ, MICHELE		22 NAME		
STREET ADDRESS	PO BOX 272000 NA		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ERICKSON, MARIA		32 NAME		
STREET ADDRESS	3218B W SANTIAGO ST		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JOAN		42 NAME		
STREET ADDRESS	7107 MINTWOOD CT		43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE	Bill Terry	☒ Change ☐ Addition
NAME	~~GIFFORD, DOTTIE~~		52 NAME	Barnett Plaza #2560	
STREET ADDRESS	~~2304 E. FLETCHER~~		53 STREET ADDRESS	101 E. Kennedy Blvd.	
CITY-ST-ZIP	~~TAMPA FL~~		54 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	GONDREAU, DAVID		62 NAME		
STREET ADDRESS	301 E. 121ST AVE		63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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 if changed or on an attachment with an address.

SIGNATURE: [signature] 2-2-1996 (813) 225-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #