FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90077 005 ****61.25

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DOCUMENT # 758466

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 11215 N. Nebraska, #B-3	05/21/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 B-3	4. FEI Number 59-1981675 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tampa, FL 33612	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33612 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOYLE, JAMES P ~~12910 N NEBRASKA, SUITE F~~ TAMPA FL 33612	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11215 N. Nebraska Avenue 83 Suite B-3 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	SLATER, LEE		1.2 NAME	Thomas Hutchinson	
STREET ADDRESS	408 N BRYAN CIR		1.3 STREET ADDRESS	712 Country Club Drive	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, TOM		2.2 NAME		
STREET ADDRESS	12718 N 19TH ST #1821		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKY, DANIEL		3.2 NAME		
STREET ADDRESS	12402 1/2 GREENLANDS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHAIBLY, DEBI		4.2 NAME		
STREET ADDRESS	3153 TINA MARIE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MALLORY, NORMAN		5.2 NAME		
STREET ADDRESS	12602 51ST ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GONDREAU, DAVID		6.2 NAME		
STREET ADDRESS	301 E. 121ST AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 317, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/26/99 813-975-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES [illegible]