2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# 758466

Entity Name: SELF-RELIANCE HOUSING, INC.

Current Principal Place of Business:

12718 N. 19TH ST.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12718 N. 19TH ST.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1981675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORSZ, BOB
12718 N. 19TH ST.
TAMPA, FL 33612

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DOUGHERTY, TOM	
Address:	12718 N 19TH ST #1821	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	LANITIS, CHRIS	
Address:	2162 2ND AVE N.	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	SCHAIBLY, DEBI	
Address:	3153 TINA MARIE	
City-St-Zip:	ZEPHYRHILLS, FL	
Title:	D	( ) Delete
Name:	MALLORY, NORMAN	
Address:	12602 51ST ST	
City-St-Zip:	TAMPA, FL 33617	
Title:	PD	( ) Delete
Name:	GONDREAU, DAVID	
Address:	301 E. 121ST AVE	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SLATER, JOANNE	
Address:	408 N. BRYAN CIRCLE	
City-St-Zip:	BRANDON, FL 33511	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID GONDREAU PD 07/19/2004

Electronic Signature of Signing Officer or Director — Date