2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90255 008 ****70.00

DOCUMENT # 758466

1. Entity Name
SELF-RELIANCE HOUSING, INC.

Principal Place of Business	Mailing Address
12718 N. 19TH ST. TAMPA FL 33612	11215 N. NEBRASKA # B-3 TAMPA FL 33612

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	12718 N. 19th St. Suite, Apt. #, etc.
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33612 / Country: USA

4. FEI Number 59-1981675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~STACY, SUSAN~~ 11215 N. NEBRASKA AVE. STE B-3 TAMPA FL 33612	Name: Bob Orosz Street Address (P.O. Box Number is Not Acceptable): 12718 N. 19th St. City: Tampa FL Zip Code: 33612

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Bob Orosz, Housing Director 2/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGHERTY, TOM 12718 N 19TH ST #1821 TAMPA FL 33612	☐ Delete	D Chris Lanitis 2162 2nd Avenue North St. Petersburg, FL 33713	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKY, DANIEL 12402 1/2 GREENLANDS DR RIVERVIEW FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAIBLY, DEBI 3153 TINA MARIE ZEPHYRHILLS FL	☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLORY, NORMAN 12602 51ST ST TAMPA FL 33617	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PD GONDREAU, DAVID 301 E. 121ST AVE TAMPA FL 33612	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Norman Mallory 1/29/03 813 988 4985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)