2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# 762748

Entity Name: NORTH TAMPA HOUSING DEVELOPMENT CORPORATION,INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 970
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 970
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3123362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILMORE, RICARDO L ESQ
201 E. KENNEDY BOULEVARD
SUITE 600
TAMPA, FL 33602 US

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:	SHIMBERG, ROBERT	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	PCEO	( ) Delete
Name:	RYANS, JEROME D	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	WHITE, GERALD	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	HARVEY, HAZEL DR	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	PEOPLES, KAREN	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	SOROLIS, SOPHIA	
Address:	1529 WEST MAIN STREET	
City-St-Zip:	TAMPA, FL 33607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 exemption stated in Chapter 119, 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: ANDY LIBBY, JR. CFO 03/05/2008

Electronic Signature of Signing Officer or Director — Date