

**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 # 762751 (6)  
1. Corporation Name  
**NEIGHBORHOOD HOUSING AND DEVELOPMENT CORPORATION**



Principal Place of Business: 200 EAST UNIVERSITY AVENUE, P.O. BOX 490 STATION 10-C, GAINESVILLE FL 32602  
Mailing Address: 200 EAST UNIVERSITY AVENUE, P.O. BOX 490 STATION 10-C, GAINESVILLE FL 32602

3. Date Incorporated or Qualified: 04/06/1982  
3a. Date of Last Report: 02/22/1995  
4. FEI Number: 59-2203965  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 222 East University Ave., Suite, Apt. #, etc. 22 P.O. Box 490 Station 10C, Gainesville, FL 23 32602  
2a. Mailing Address: 26 P.O. Box 790 Station 10C, Gainesville, FL 27 32602  
24 32602 25 Country 29 32602 30 Country

9. Name and Address of Current Registered Agent: SCHROEDER, NICK, 4010 NEWBERY ROAD, SUITE D, GAINESVILLE FL 32607

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 Zip Code

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: 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	PD HOLLEY, PAUL L. 2627 NW 43RD STREET GAINESVILLE FL	1.1 TITLE	PD Lucas, Michael D. 10949 NW 32nd Place Gainesville, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP GLASER, DONALD A. 3531 NW 23RD PLACE GAINESVILLE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S WISE, ANDREW J. 2918 NE 18 WY GAINESVILLE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T HARRELL, CARYL C. 120 NE 8TH STREET GAINESVILLE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BRANDNER, EUGENE 927 NW 36TH ROAD GAINESVILLE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BUCHANON, JOEL 1019 NW 6TH AVENUE GAINESVILLE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Michael D Lucas* Michael D Lucas 4/11/96 377-0951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)