

8-6-97 B-8121-C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762751 (6)

1. Corporation Name
NEIGHBORHOOD HOUSING AND DEVELOPMENT CORPORATION



Principal Place of Business 222 EAST UNIVERSITY AVE. P.O. BOX 490 STATION 10C GAINESVILLE FL 32602 US	Mailing Address P.O. BOX 790 STATION 10C GAINESVILLE F 32602 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1982	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2203965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6025 MAIN ST	2a. Mailing Address 28 6025 MAIN ST
Suite, Apt. #, etc. 22 SUITE C	Suite, Apt. #, etc. 27 SUITE C
City & State 23 GAINESVILLE FL	City & State 28 GAINESVILLE FL
Zip 24 32602	Country 25 FLORIDA
Zip 29 32602	Country 30 FLORIDA

9. Name and Address of Current Registered Agent

SCHROEDER, NICK
4010 NEWBERRY 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
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 *X*
 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LUCAS, MICHAEL D.	1.2 NAME	
STREET ADDRESS	10949 NW 32ND PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WISE, ANDREW J.	2.2 NAME	
STREET ADDRESS	2018 NE 18 WY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T HARRELL, CARYL C.	3.2 NAME	
STREET ADDRESS	120 NE 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BRANDNER, EUGENE	4.2 NAME	VP
STREET ADDRESS	927 NW 36TH ROAD	4.3 STREET ADDRESS	INA HINDS
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	320 SW 5TH AVE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BUCHANON, JOEL	5.2 NAME	
STREET ADDRESS	1019 NW 6TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DAVID HERRK.	6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	DAVID HERRK
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3221 NW 104TH DR

4.3 STREET ADDRESS	GAINESVILLE, FL 32601
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32606

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE *X*
 SIGNATURE REQUIRED

CR2E037 (4/97)