

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90069 046 ****61.25

DOCUMENT # 763649

1. Entity Name

HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, INCORPORATED



Principal Place of Business

**3303 NW 83 ST
PO BOX 2919
GAINESVILLE FL 32602**

Mailing Address

**3303 NW 83RD ST
PO BOX 2919
GAINESVILLE FL 32606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2217411**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, RICHARD
3303 NW 83 ST
GAINESVILLE FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHROCK, JOAN	
STREET ADDRESS	3134 NW 58TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYROWITZ, RAYMOND	
STREET ADDRESS	BOX 114 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGUEWOOD, BRUCE	
STREET ADDRESS	14715 NW 39TH PLACE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STOCKMAN, JIM	
STREET ADDRESS	20723 SW 46TH AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONROY, MAUREEN	
STREET ADDRESS	516 NE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOCKMAN, DAVID	
STREET ADDRESS	20721 SW 46TH AVE	
CITY-ST-ZIP	NEW BERRY, FL 32669	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYROWITZ, Raymond	
STREET ADDRESS	BOX 114 TURKEY CREEK	
CITY-ST-ZIP	Alachua, FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGUEWOOD, BRUCE	
STREET ADDRESS	14715 NW 39TH PLACE	
CITY-ST-ZIP	NEW BERRY, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, MAUREEN	
STREET ADDRESS	516 NE 4 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTELLO, CATHY	
STREET ADDRESS	2525 NW 19TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32605	

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: Raymond Meyrowitz MCML 9/1/03 (352)334-4060

CR2E037 (10/02)