FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765538** **(4)**

1. Corporation Name
FLORIDA HOUSING COALITION, INC.

Principal Place of Business	Mailing Address
1200 PAUL RUSSELL RD ~~FLORIDA~~ TALLAHASSEE FL 32302	~~1200 PAUL RUSSELL RD~~ P. O. BOX 932 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2235835 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 12106 Paul Russell Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARTSON MICHELE
1200 PAUL RUSSELL ROAD
P O BOX 932
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 12106 Paul Russell Rd.
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michele Hartson — APR - 6 1995 — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P - D	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, JAMIE	1.2 NAME	
STREET ADDRESS	PO BOX 5948 - 926 E. PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VP - D	2.1 TITLE	VP-D ☒ Change ☐ Addition
NAME	FORD, CAROLYN	2.2 NAME	Dan Horvath
STREET ADDRESS	PO BOX 56 HWY 90 W, MEDICAL COMPLEX	2.3 STREET ADDRESS	302 N. Barcelona St.
CITY-ST-ZIP	GRETNA FL	2.4 CITY-ST-ZIP	Pensacola, FL
TITLE	T	3.1 TITLE	T-D ☒ Change ☐ Addition
NAME	JOHNSON, HENRY	3.2 NAME	Mary Sorge
STREET ADDRESS	PO BOX 2080 - 225 WATER ST	3.3 STREET ADDRESS	P.O Box 34044 - 6265 N. Flagler Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	W. Palm Beach, FL
TITLE	S	4.1 TITLE	S-D ☒ Change ☐ Addition
NAME	HORVATH, DAN	4.2 NAME	Anthony Jones
STREET ADDRESS	302 N BARCELONA ST	4.3 STREET ADDRESS	14 S. Fort Harrison
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STEINHOLZ, HOWARD	5.2 NAME	Delete
STREET ADDRESS	2701 W OAKLAND PARK BLVD STE 103	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WEST, ARCHIE	6.2 NAME	Delete
STREET ADDRESS	1310 8TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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 if changed, or on an attachment with an address.

SIGNATURE: Joanne A Ross — APR - 6 1995 — 878-4219
SIGNATURE AND TYPED OR PRINTED NAME OF MANNU OFFICER OR DIRECTOR — Date — Daytime Phone #