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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name

FLORIDA HOUSING COALITION, INC.

Principal Place of Business	Mailing Address
1266 PAUL RUSSELL RD. TALLAHASSEE FL ~~32302~~ US	~~P.O. BOX 892~~ TALLAHASSEE FL 32302-0892

3. Date Incorporated or Qualified	3a. Date of Last Report
10/25/1982	03/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 1266 Paul Russell Road	59-2235835	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Tallahassee, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 32301-7103 25	Zip / Country 29 32301-7103 30 U.S	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARTSON MICHELE 1266 PAUL RUSSELL RD. P O BOX 932 TALLAHASSEE FL 32302	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 _____ 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	SD	☒ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	COOK, GLADYS		1.2 NAME	Mark Hendrickson	
STREET ADDRESS	7000 BARRANCAS AVE		1.3 STREET ADDRESS	1404 Alban Avenue	
CITY-ST-ZIP	BOKEELIA FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HORVATH, DAN		2.2 NAME		
STREET ADDRESS	302 N. BARCELONA ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SORGE, MARY		3.2 NAME		
STREET ADDRESS	625 N. FLAGLER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ANTHONY		4.2 NAME		
STREET ADDRESS	14 S. FORT HARRISON		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] PRINTED Dan Horvath 2/24/97 904-878-4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008029