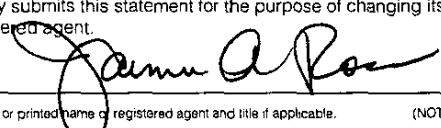
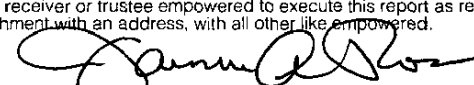


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 029 ****70.00

DOCUMENT # 765538 1. Entity Name FLORIDA HOUSING COALITION, INC.					
Principal Place of Business 1367 E LAFAYETTE ST #C TALLAHASSEE FL 32301 US			Mailing Address 1367 E LAFAYETTE ST #C TALLAHASSEE FL 32301 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IPPOLITO, ROBERT 1367 E LAFAYETTE ST STE C TALLAHASSEE FL 32301			Name Jaimie Ross Street Address (P.O. Box Number is Not Acceptable) 1104 MOR BIHAN City TALLAHASSEE FL Zip Code 32301		
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 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PHILPOT, MELVIN		NAME		
STREET ADDRESS	3300 EXCHANGE PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCWARTZ, GREGG		NAME		
STREET ADDRESS	2139 NE COACHMAN RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33765		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	KISS, JEFF		NAME	SD MARY SORGE	
STREET ADDRESS	1381 SAWGRASS ST		STREET ADDRESS	26801 OLD 41 Rd, Unit #2	
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	ROSS, JAIME		NAME	ROSS, JAIMIE	
STREET ADDRESS	026 EAST PARK AVENUE		STREET ADDRESS	1104 MOR BIHAN	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					