

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORP.  
ANNUAL APPLICATION  
REPORT FOR  
REINSTATEMENT  
1995-1996 WITH 501(C)(3)

766455  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766455

1. Corporation Name  
FLORIDA COMMUNITY HOUSING ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1554 S. Fort Harrison Ave. 1554 S. Fort Harrison Ave.  
Clearwater, FL 34616 Clearwater, FL 34616

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300001775853  
-04/11/96--01009--002  
\*\*\*\*155.00 \*\*\*\*155.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/07/1983	
5. FEI Number 59-2396059	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STD	Ackerley, Harriett	1216 Sunset Dr.	Clearwater, FL
P/D	Imperato, Pat	3480 Hillmore Dr.	Palm Harbor, FL
VP/D	Masching, Janet	2201 Tampa Rd.	Palm Harbor, FL

8/25/95 admin. dues. was due to a clerical error on the part of this office. Therefore, Corp. was not returned to active status with the filing of this AR & payment of FF totaling \$122.50.

8. Name and Address of Current Registered Agent Ackerley, Oliver 1554 S. Ft. Harrison Clearwater, FL 33516		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Oliver Ackerley Date 3/20/96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Harriett Ackerley, Sec. Dir. 3/20/96 (813) 442-9899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #