

F93000005015

Requestor Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

100002187271--7
-05/21/97--01122--004
*****35.00 *****35.00

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
97 MAY 20 AM 11:35
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Exclusionary Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

of 5/21

Examiner's Initials

THE HOUSING RESOURCE FOUNDATION COUNTRY PLACE, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

F93000005015

2. DELAWARE
(State or country under the laws of which it is incorporated)

3. 11/5/93
(Date of Incorporation)

4. PERPETUAL
(Duration)

5. 51-0353463
(Federal Employer Identification number, if applicable)

6. 11/5/93
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 3530 VICTORIA PARK RD JACKSONVILLE FL 32216
(Current mailing address)

8. LOW INCOME AND AFFORDABLE HOUSING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Names and addresses of officers and/or directors:

A. Directors:

Chairman: JAY M. SCHIPPERS

Address: 3530 VICTORIA PARK RD
JACKSONVILLE, FL 32216

Vice Chairman: _____

Address: _____

Director: JEFFREY L. EVANS

Address: 3530 VICTORIA PARK RD
JACKSONVILLE FL 32216

Director: CAROL FIELD SLUDER

Address: 161 PLYMOUTH RD
SODDARY MASS. 01776

B. Officers:

President:

JAY SCHIPPERS

Address:

3530 VICTORIA PARK RDJacksonville FL 32211

Vice President:

Address:

Secretary:

ROBERT TOAN

Address:

% BAKER AND MCKENZIE805 THIRD AVE. NY NY 10022

Treasurer:

Jay SCHIPPERS

Address:

see above

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name:

JAY SCHIPPERS

Office Address:

3530 VICTORIA PARK RDJacksonville FL 32211, Florida32211

Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature:

Jay Schippers

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13.

Jay Schippers

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14.

JAY M. SCHIPPERSPresident

(Typed or printed name and capacity of person signing application)