FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

61.25 of 501(C)(3)

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DOCUMENT # **F93000005015 (3)**

1. Corporation Name
THE HOUSING RESOURCE FOUNDATION, COUNTRY PLACE, INC. NON PROFIT CORPORATION

HAVE 501(C)(3) status

Principal Place of Business
3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216

Mailing Address
3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **51-0353663** ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent
SCHIPPERS, JAY
3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	SCHIPPERS, JAY M
STREET ADDRESS	3530 VICTORIA PARK ROAD
CITY ST ZIP	JACKSONVILLE FL 32216
TITLE	DS
NAME	TOAN, ROBERT W
STREET ADDRESS	% BAKER & MCKENZIE, 805 THIRD AVE.
CITY ST ZIP	NEW YORK NY 10022
TITLE	V
NAME	EVANS, JEFFREY L
STREET ADDRESS	100 FAIRWAY PARK BLVD., #803
CITY ST ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D
NAME	JUDY ~~AULTMAN~~,
STREET ADDRESS	900 WOODSIDE CIRCLE
CITY ST ZIP	KISSIMMEE FL 34741
TITLE	D
NAME	GREENFIELD, SLVDER ,
STREET ADDRESS	161 PLYMTON RD.
CITY ST ZIP	SUDBURY MA 01776
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

JP 5-1-95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	DS	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	D.	☒ Change ☒ Addition
42 NAME	MARY ANNE SPAULDING	
43 STREET ADDRESS	3530 VICTORIA PARK Rd	
44 CITY ST ZIP	JACKSONVILLE, FL. 32216	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☒ Addition
62 NAME	LARRY WEAVER D.	
63 STREET ADDRESS	PARKWOOD BAPTIST	
64 CITY ST ZIP	4900 LONG STAR Rd	
	JACKSONVILLE FL. 32211	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Schippers J. SCHIPPERS 3/10/95 904-737-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018047 CP