

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F93000005015

1. Corporation Name

The Housing Resource Foundation
3530 Victoria Park Road
Jacksonville, FL

Principal Place of Business

Mailing Address

3530 Victoria Park Road
Jacksonville FL

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

25. U.S.A.

30. U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAY M. SCHIPPERS
3530 VICTORIA PARK RD.
JACKSONVILLE, FL 32216

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

Signature, typed or printed name of registered agent and title if applicable

(Not if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPT
NAME SCHIPPERS, JAY M.
STREET ADDRESS 3530 VICTORIA PARK RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE S
NAME TOAN, ROBERT
STREET ADDRESS 40 BAKER & MCKENZIE, 805 3RD AVE
CITY-ST-ZIP NY NY 10022

TITLE D.
NAME EVANS, JEFFREY L.
STREET ADDRESS 100 FAIRWAY PARK BLVD # 603
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D
NAME GREENFIELD, SLUDER, GREENFIELD
STREET ADDRESS 161 PLYMPTON RD
CITY-ST-ZIP SUBURBY, MASS 01776

TITLE D
NAME WEAVER, LARRY
STREET ADDRESS PARKWOOD BAPTIST
CITY-ST-ZIP 7900 LONE STAR RD JACKSONVILLE FL 32212

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

700001880467

07/01/96--01036--002

***70.00

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)(k), 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: JAY SCHIPPERS

4/20/96

904-737-0158

CR2E037 (12/95)