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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005015 (3)**

1. Corporation Name

**THE HOUSING RESOURCE FOUNDATION, COUNTRY PLACE,
INC.**

Principal Place of Business

Mailing Address

**3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216**

**3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

11/05/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIPPERS, JAY
3530 VICTORIA PARK ROAD
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	SCHIPPERS, JAY M	
STREET ADDRESS	3530 VICTORIA PARK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TOAN, ROBERT W	
STREET ADDRESS	% BAKER & MCKENZIE, 805 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S, D TOAN, ROBERT
2.3 STREET ADDRESS	% BAKER & MCKENZIE, 805 THIRD AVE
2.4 CITY-ST-ZIP	NY, NY, 10022

TITLE	VD	<input type="checkbox"/> DELETE
NAME	EVANS, JEFFREY L	
STREET ADDRESS	100 FAIRWAY PARK BLVD., #603	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLUDER, GREENFIELD	
STREET ADDRESS	161 PLYMOUTH RD	
CITY-ST-ZIP	SUDBURY MA 01776	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, SLUDER, DUPLICATE	
STREET ADDRESS	161 PLYMTON RD.	
CITY-ST-ZIP	SUDBURY MA 01776	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, LARRY D	
STREET ADDRESS	7900 LONE STAR RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32212	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

USE REQUIRED

1/8/98 904-737-0158

CR2E037 (10/97)