2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005015

1. Entity 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		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 51-0353663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIPPERS, JAY
3530 VICTORIA PARK ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	ED	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHIPPERS, JAY M		NAME	U00000491481
STREET ADDRESS	3530 VICTORIA PARK ROAD		STREET ADDRESS	04/19/06-80024-003 61.25
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOAN, ROBERT W		NAME	
STREET ADDRESS	% BAKER & MCKENZIE, 805 THIRD AVE.		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, MORT		NAME	
STREET ADDRESS	28 REMSEN STREET		STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11201		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jay M Schippers 3/30/06 (904) 737-1831