## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUM 1. Corporation N	TENT # F95000 K HOUSING FOUNDATION	003634 (1) 1, INC.			
Principal Place o	of Business	Mailing Address		-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ille Adilda illein Beraff essen aras soms
5920 ROSWELL ATLANTA GA 3	. RD., #B-107, 184 0328	5920 ROSWELL RD.: #8 ATLANTA GA 30328	3-107, 184		
				07/27/1995	. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number	Applied For Net Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		€ Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23   Zip	Country	Zip	Country	This corporation has liability for intanging	
24	25	29	30	Florida Statutes Ye  10. Name and Address of New Register	s No
	9. Name and Address of Curren	i Hegistered Agent	81 Name	to. Harris sine madical of four flegion	
11. Pursuant to or registere familiar with	O FL 32801  o the provisions of Sections 617.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	na. Such change was author.	tad by the corporation a poer	ation submits this statement for the purpose of directors. I hereby accept the appointment	FL 85 Zip Code of changing its registered office and as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (N	OTE Registered Agent signature require		ATE
12.	OFFICERS AN	D DIRECTORS	/ 13.	ADDITIONS CHANGES TO OFFICERS	Change Addition
TITLE	PS	DELETE	1.1 TITLE	Anne Coley	Therease Sections
NAME STREET ADDRESS	HOSKINS, ROBERT 4148 WESTCHESTER DR.		1.3 STREET ADDRESS	2000 Bold veretRel	
CITY-ST-ZIP	ROSWELL GA 30075		14 CHY-ST-ZIP	AH - 1 CA 303/4	
TITLE	Vī	DELETE	2 1 TITLE	. , , , , ,	Change Addition
NAME	HOSKINS, SANDRA		2.2 NAME		
STREET ADDRESS	4148 WESTCHESTER DR. ROSWELL GA 30075		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	O :	DELETE	31 TITLE		Change Addition
NAME	HOSKINS, ROBERT G		3.2 NAME		
STREET ADDRESS	5920 ROSWELL RD., #B-107	, 184	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30328	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Change Addition
TITLE	/ D Hoskins, Robert G	L_Joccore	4. 2 NAME	600001823	586
NAME STREET ADDRESS	5929 ROSWELL RD., #B-107	. 184	4.3 STREET ADDRESS	-05/15/9601141-	032
CITY-ST-ZIP	ATLANTA GA 30328		4.4 CITY-ST-ZIP	***61.25	
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		> <sup>2</sup> 6,15
STREET ADDRESS			6.3 STREET ADDRESS		5.1.
CITY - ST - ZIP			6 4 CITY-ST-ZIP	for the exemption stated in Castian 110 07/2	Vk) Florida Statutes I further
14. I do heret certify that oath; that appears i	by certify that the information supplied at the information indicated on this and t I am an officer or director of the corp in Block 12 or Block 13 if thanged, or	t with this filing is voluntarily fundal report or supplemental at coration or the receiver or trust on an attachment with an ac	imisried and does not quality mual report is true and accur itee empowered to execute the ldress.	for the exemption stated in Section 119.07(3 rate and that my signature shall have the saminis report as required by Chapter 617, Florida	e legal effect as if made under Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96