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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004547 (4)**

1. Corporation Name

HOMEFREE USA, INC.

Principal Place of Business

**318 RIGGS ROAD, NE
WASHINGTON DC 20011**

Mailing Address

**8181 PROFESSIONAL PLACE, SUITE 170
LANDOVER MD 20785-2226**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 **318 Riggs Road NE**

Suite, Apt. #, etc.

27 City & State

28 **Washington, DC**

29 Zip

20011

30 Country

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

52-1885132

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

**BOMAR, LINDA MS
320 SOUTH BASSANDENA CIRCLE
LAKELAND FL 33801**

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 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

TITLE **PC** ☐ DELETE
NAME **GRIFFIN, MARCIA**
STREET ADDRESS **8181 PROFESSIONAL PLACE, SUITE 70**
CITY-ST-ZIP **LANDOVER MD 20785**

TITLE **DST** ☐ DELETE
NAME **GRIFFIN, JAMES**
STREET ADDRESS **8181 PROFESSIONAL PLACE, SUITE 70**
CITY-ST-ZIP **LANDOVER MD 20785**

TITLE **VVC** ☐ DELETE
NAME **GITU, MICHELLE**
STREET ADDRESS **9917 BIG ROCK ROAD**
CITY-ST-ZIP **SILVER SPRING MD 20901**

TITLE **D** ☐ DELETE
NAME **FIELDS, EARLENE**
STREET ADDRESS **1325 13TH ST, NW**
CITY-ST-ZIP **WASHINGTON DC 20005**

TITLE **D** ☐ DELETE
NAME **LOGIUDICE, CATHY**
STREET ADDRESS **8720 63RD AVE**
CITY-ST-ZIP **BERWYN HTS MD 20740**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD/T** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **318 Riggs Road, NE**
1.4 CITY-ST-ZIP **Washington, DC 20011**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Jean Marie Jean Pierre**
2.3 STREET ADDRESS **318 Riggs Road, NE**
2.4 CITY-ST-ZIP **Washington, DC 20011**

3.1 TITLE **V/D** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **318 Riggs Road, NE**
3.4 CITY-ST-ZIP **Washington, DC 20011**

4.1 TITLE **D/C/S** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **318 Riggs Road, NE**
4.4 CITY-ST-ZIP **Washington, DC 20011**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Paul L. Pryde, Jr.**
5.3 STREET ADDRESS **318 Riggs Road, NE**
5.4 CITY-ST-ZIP **Washington, DC 20011**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)