2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004486

FILED Sep 06, 2005 Secretary of State

Entity Name: MINORITY HOUSING OF FLORIDA CORPORATION

Current Principal Place of Business: New Principal Place of Business:

4418 QUEENSBORO AVENUE 4050 POMPANO DRIVE SE ST. PETERSBURG, FL 33711 ST. PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

PO BOX 531722 PO BOX 53-1722

ST. PETERSBURG, FL 33747 ST. PETERSBURG, FL 33747

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINNEY, ALBERTA

4418 QUEENSBORO AVENUE
ST. PETERSBURG, FL 33711 US

MCKINNEY, ALBERTA

4050 POMPANO DRIVE SE
ST. PETERSBURG, FL 33705 US

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.

SIGNATURE: ALBERTA MCKINNEY 09/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:MCKINNEY, ALBERTAName:MCKINNEY, ALBERTAAddress:4418 QUEENSBORO AVENUEAddress:4050 POMPANO DRIVE SECity-St-Zip:ST. PETERSBURG, FL 33747City-St-Zip:ST. PETERSBURG, FL 33747

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: YOUNG, ELIJAH Name: YOUNG, ELIJAH

Address: 4418 QUEENSBORO AVENUE Address: 4050 POMPANO DRIVE SE City-St-Zip: ST. PETERSBURG, FL 33747 City-St-Zip: ST. PETERSBURG, FL 33705

Name: THOMAS, DALE Name: THOMAS, DALE

 Address:
 4418 QUÉENSBORO AVENUE
 Address:
 4050 POMPANO DRIVE SE

 City-St-Zip:
 ST. PETERSBURG, FL 33711
 City-St-Zip:
 ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTA MCKINNEY P 09/06/2005