FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20771 (4)

1. Corporation Name
LHF HOUSING, INC.

Principal Place of Business	Mailing Address
% JAMES M. CHADWICK 5858 CENTRAL AVE., FIRST FLOOR ST. PETERSBURG FL 33707 US	5858 CENTRAL AVENUE FIRST FLOOR ST. PETERSBURG FL 33707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1987
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2810394 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHADWICK, JAMES M.
5858 CENTRAL AVE.
FIRST FLOOR
~~TAMPA FL 33684~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: St. Petersburg FL 85 Zip Code: 33707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, LARRY	1.2 NAME	
STREET ADDRESS	P.O. BOX 15718 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMAP~~ FL 34684	1.4 CITY-ST-ZIP	Tampa
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIZZLE, MARY R.	2.2 NAME	
STREET ADDRESS	120 GULF BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR SHORE FL 33535	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	ALBERS, A.L.	3.2 NAME	
STREET ADDRESS	2772 67TH STREET NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MORROD, ROY	4.2 NAME	
STREET ADDRESS	2835 WEST FAIRWAY LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMPE, DOUGLAS	5.2 NAME	
STREET ADDRESS	14330 60TH STREET NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33520	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ATTKISSON, JAMES P.	6.2 NAME	
STREET ADDRESS	2801 HERON PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33702	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary R Grizzle 2/13/95 813/347-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
MARY R. GRIZZLE, President

0085785