

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

05/21/1987

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHADWICK, JAMES M.
5858 CENTRAL AVE.
FIRST FLOOR
ST PETERBURG FL-85684-

81 Name

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

83

84 City

FL

85 Zip Code

33707

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 street address)

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BROWN, LARRY
STREET ADDRESS P.O. BOX 15718 N/A
CITY-STATE-ZIP TAMPA FL

11 TITLE /S/T ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP 34684

TITLE PD ☒ DELETE
NAME GRIZZLE, MARY R.
STREET ADDRESS 120 GULF BLVD.
CITY-STATE-ZIP BELLEAIR SHORE FL 33535

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE STD ☒ DELETE
NAME ALBERS, A.L.
STREET ADDRESS 2772 67TH STREET NORTH
CITY-STATE-ZIP ST. PETERSBURG FL 33710

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME MORROD, ROY
STREET ADDRESS 2035 WEST FAIRWAY LOOP
CITY-STATE-ZIP CITRUS SPRINGS FL 34434

41 TITLE /V ☒ Change ☒ Addition
42 NAME
43 STREET ADDRESS 2825 West Fairway Loop
44 CITY-STATE-ZIP

TITLE VP ☒ DELETE
NAME LAMPE, DOUGLAS
STREET ADDRESS 14330 60TH STREET NORTH
CITY-STATE-ZIP CLEARWATER FL 33520

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ATKISSON, JAMES P.
STREET ADDRESS 2801 HERON PLACE
CITY-STATE-ZIP CLEARWATER FL 33702

61 TITLE /P ☒ Change ☒ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

Attkisson, James R.
9600 Reger Blvd., Suite 105
St. Petersburg, FL 33702

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)(k), 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
JAMES R. ATKISSON, President

2/2/96 (813) 384-4655

Date

Daytime Phone

CR2E037 (12/95)