FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # N20//1 (4)											
LHF HOUSING, INC.											
E111 11	Cooliva,	IIVO.								A CHARGAD DIN CITIL BRICK HOUSE HOUSE HOUSE HEAVE OF DIS RECEIVED AND A BLOCK DESCRIPTION OF THE	
<u></u>					в						
Principal Place of Business Mailing Address										e tontailen min tidir detre idnit fannt tint oldli alatt mintt mint dinit dinit 1881 1881	
11300 FOURTH STREET NORTH 11300 FOURTH STREET NORTH							RTH			3. Date Incorporated or Qualified	
SUITE 200 STE 200 ST PETERSBURG FL 33716-2940 ST PETERSBURG FL 34716-2940 ST PETERSBUR						EI 19716.	.2040			05/21/1987	
US							2010			4. FEI Number Applied For	
										59-2810394 Not Applicable	
2. Principal P	lace of Busi	ness			Mailing Addr	ess				5. Certificate of Status Desired S8.75 Additional	
Suite, Apt.	#. etc.			26	Suite, Apt. #,	etc.				Fee Required 6. Election Campaign Financing \$5.00 May Be	
22	•			27						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	e				City & State					7. Is this nonprofit corporation a homeowners association?	
23				28						☐ Yes 🔏 No	
Zip			ountry	Ь				Country		8. This corporation owes or has paid the current year Intangible	
24	9 Name	25	ddress of Current	29 Regis	tered Ament	:	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current Registered Agent								Vame	10. Italie and Address of New Hogistered Agent	
CHADW	ICK, JAME	S M.					_	Ļ	3t	(0.0 0.0)	
I	OURTH ST		NORTH				82	٤	street Addre	iss (P.O. Box Number is Not Acceptable)	
STE 200)						83				
ST PETE	erburg fi	3371	6				84		City	■. 85 Zip Code	
								FL The state of			
11. Pursuant office or r	to the provis	ilons of sent, or	Sections 617.0502 both, in the State of	and 6 of Floric	17.1508, Florid fa. Such chan	da Statute de was au	s, the abov uthorized b	e-n v th	amed corpo e corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	ım familiar w	ith, and	accept the obligation	ions of	Section 617.0	0503, Flor	ida Statute	s.		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE,	Signature, Noec	l or printed	name of registered agen	and litte	K apolicable	(NOTE:	Registered Ag	ent s	frinature requirer	d when reinstating) DATE	
12.			OFFICERS AND				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST				☐ DE	LETE	1.1 TALE			☐ Change ☐ Addition	
NAME	BROWN			1.2 N/							
STREET ADDRESS P.O. BOX 15718 N/A CITY-ST-ZIP TAMPA FL 34684					1.3 ST			T ADI	DRES\$		
CITY - ST - ZiP	DV DV	FL 34t	384					1.4 CITY-ST-ZIP		01	
TITLE NAME	MORRO	יחם ת	,		[] DEI	LEIE	2.1 TITLE		-	Change Addition	
STREET ADDRESS		-	AIRWAY LOOP				2.2 NAME 2.3 STREET	T 4 D.	DDEEC		
CITY-ST-ZIP			GS FL 34434				2.4 CITY-				
TITLE	<u> </u>						3.1 TITLE	31-2		Change Addition	
NAME	ATTKISSON, JAMES R 32 N						3.2 NAME				
STREET ADDRESS							3.3 STREET	E ADE	DRESS		
CITY-ST-ZIP	ST. PET	ERSBL	IRG FL 33702				3.4. CITY-	ST-Z	ZIP .		
TALE					☐ DEI	LETE	4.1 TITLE			Change Addition	
NAME							4, 2 NAME				
STREET ADDRESS							4.3 STREET				
CITY-ST-ZIP TITLE	 				☐ DEL	I ETE	4.4 CITY - S	ST-Z	IP	Change Addition	
NAME					ت م		5.1 TITLE 5.2 NAME			E Addition	
STREET ADDRESS							5.3 STREET	rant	DRESS		
CITY-ST-ZIP							5.4 CITY - S				
TITLE					DEI	LETE	6.1 TITLE	.,		Change Addition	
NAME							6.2 NAME				
STREET ADDRESS							6.3 STREET	ADE	RESS		
CITY-ST-ZIP							6.4 CITY-S				
14. I hereby c	ertify that th	e inform	ation supplied with	n this fi	ling does not d	qualify for	the exemp	tion	stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

Indexely certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied with this report 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.

LUBE REQUIRED

1/20/98

(813)578-1174