

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41086 (2)

1. Corporation Name

HOMES FOR THE PEOPLE, INC.

Principal Place of Business

Mailing Address

1111 WEST LINE ST.
LEESBURG FL 347481111 WEST LINE ST.
LEESBURG FL 34748-49183. Date Incorporated or Qualified
11/30/19903a. Date of Last Report
07/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Zip

Country

25

Zip

Country

26

Zip

Country

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

Zip

Country

31

Zip

Country

32

Zip

Country

33

Zip

Country

34

Zip

Country

35

Zip

Country

36

Zip

Country

37

Zip

Country

38

Zip

Country

39

Zip

Country

40

Zip

Country

41

Zip

Country

42

Zip

Country

43

Zip

Country

44

Zip

Country

45

Zip

Country

4. FEI Number
59-3050779Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

RICHEY, STEVEN J.
1051 BOYLSTON ST
LEESBURG FL 34748

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRINER, TOM
STREET ADDRESS 1111 W. LINE ST
CITY - ST - ZIP LEESBURG FL 347481.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE STD
NAME GRINER, PAT
STREET ADDRESS 1111 W. LINE ST
CITY - ST - ZIP LEESBURG FL 347482.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D
NAME RICHEY, STEVEN J.
STREET ADDRESS 1051 BOYLSTON ST
CITY - ST - ZIP LEESBURG FL 347483.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE DVP
NAME JAMES, JOHN
STREET ADDRESS 05316 ROYAL OAKS DR.
CITY - ST - ZIP FRUITLAND PARK FL 347314.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-326-5672

CR2E037 (9/96)