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May 01, 2002 8:00 am
Secretary of State
05-01-2002 91521 012 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41086

1. Entity Name
Homes for the People, Inc.

643631

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2. Principal Place of Business	3. Mailing Address
1111 W. Line Street	P.O. Box 492722
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: Leesburg, FL
34748 US (Country)	34749 US (Country)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3050779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Richey, Steven J.

Street Address (P.O. Box Number is Not Acceptable): 1051 Boylston Street

City: Leesburg FL Zip Code: 34748

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	Griner, Tom
STREET ADDRESS	1111 W. Line Street
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	S,T,D
NAME	Griner, Pat
STREET ADDRESS	1111 W. Line Street
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	D
NAME	Richey, Steven J.
STREET ADDRESS	1051 Boylston Street, Leesburg, FL
CITY-ST-ZIP	
TITLE	D,VP
NAME	James, John
STREET ADDRESS	05316 Royal Oaks Dr.
CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Griner 4-19-02 352-326-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOM GRINER