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Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N46264 (0)

1. Corporation Name

THE FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS SCHOLARSHIP FUND, INC.



Principal Place of Business

Mailing Address

3263 ROBINHOOD ROAD
TALLAHASSEE FL 32312

3263 ROBINHOOD ROAD
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

59-3100612

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGBURN, LOUISE L.
3263 ROBINHOOD RD
TALLAHASSEE FL 32312-8444

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 D ☒ DELETE
NAME GODLEY, KAREN
STREET ADDRESS 1900 SE 4TH ST
CITY-ST-ZIP GAINESVILLE FL

TITLE STD ☐ DELETE
NAME OGBURN, LOUISE
STREET ADDRESS 3263 ROBINHOOD ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE CD ☐ DELETE
NAME HINCKLEY, LYNDIA
STREET ADDRESS 718 MARGARET SQ
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ DELETE
NAME ALDRIDGE, DAVID
STREET ADDRESS 103 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE
NAME SASSER, DOROTHY
STREET ADDRESS 1370 OLD BONIFAY RD
CITY-ST-ZIP CHIPLEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME KATHY HAYNES wing
1.3 STREET ADDRESS 3326 MARTIN LUTHER BLVD.
1.4 CITY-ST-ZIP Ft. Myers, FL 33916

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Tim Hudson
4.3 STREET ADDRESS 94 Castle Brewer Ct.
4.4 CITY-ST-ZIP SANFORD, FL 32772-2359

5.1 TITLE CD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Louise L. Ogburn (Louise L. Ogburn) 3/25/98

CR2E037 (10/97)