

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N49238** (1)

1. Corporation Name

COMMUNITY HOUSING OF TAMPA BAY, INC.



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 13121 N. 25TH ST TAMPA FL 33612 | P. O. BOX 280447 TAMPA FL 33682-0447 |

| | | | | | | | |
|--------------------------------|--|---------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/02/1992 | | 3a. Date of Last Report 05/01/1996 | |
| 21 | | 26 | | 4. FEI Number 59-3136121 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | | 28 | | | | | |
| Zip | | Country | | | | | |
| 24 | | 25 | | | | | |
| | | 29 | | | | | |
| | | 30 | | | | | |

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|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STRICKLAND, TIMOTHY 13121 N. 25TH ST TAMPA FL 33612 | | | | 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]* DATE: **3-31-97**

| | | | | | | | |
|----------------------------|----------------------------------|--|--|---|---------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | Director & President | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEGG, ZONETTA | Change Address | | 1.2 NAME | ZONETTA Legg | | |
| STREET ADDRESS | 314 EAST 121ST AVENUE | and Title | | 1.3 STREET ADDRESS | 13121 N. 25th ST | | |
| CITY - ST - ZIP | TAMPA FL 33682 | | | 1.4 CITY - ST - ZIP | TAMPA, FL 33612 | | |
| TITLE | D/P | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | No longer with | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STRICKLAND, TIMOTHY | | | 2.2 NAME | Community Housing | | |
| STREET ADDRESS | 13121 N. 25TH STREET | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | TAMPA FL 33612 | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Director | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEWART, GEORGE | Change Address | | 3.2 NAME | George Stewart | | |
| STREET ADDRESS | 2260 WINDWAY CIRCLE #1128 | | | 3.3 STREET ADDRESS | 1808 E 142nd Ave | | |
| CITY - ST - ZIP | TAMPA FL 33612 | | | 3.4 CITY - ST - ZIP | Tampa, FL 33612 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCOUALLAR, DEAN | | | 4.2 NAME | | | |
| STREET ADDRESS | 1220 138TH AVE. | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | TAMPA FL 33613 | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | Director | <input type="checkbox"/> DELETE | | 5.1 TITLE | Director | <input checked="" type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | John Leonard | | | 5.2 NAME | John Leonard | | |
| STREET ADDRESS | 14100 N 46th ST | | | 5.3 STREET ADDRESS | 14100 N 46th ST. | | |
| CITY - ST - ZIP | Tampa, FL 33612 | | | 5.4 CITY - ST - ZIP | Tampa, FL 33612 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-31-97** 813-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **0049291**

CR2E037 (9/96)