

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N50645** (3)

1. Corporation Name

**BOOTSTRAP HOUSING, INC.**



Principal Place of Business

Mailing Address

**2215 47TH TER  
VERO BEACH FL 32966**

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VERO BEACH FL 32966**

3. Date Incorporated or Qualified  
**08/28/1992**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0360826**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

8. 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

**COX, CHARLES W  
2215 47TH TERRACE  
VERO BEACH FL 32960**

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 - FOUNDER** ☐ DELETE  
NAME **COX, CHARLES W.**  
STREET ADDRESS **2215 47TH TER**  
CITY-ST-ZIP **VERO BEACH FL 32960**

1.1 TITLE **D - PRES.** ☐ Change ☒ Addition  
1.2 NAME **DAVID SANDGREN**  
1.3 STREET ADDRESS **1146 BARBER ST**  
1.4 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☒ DELETE  
NAME **PHINIZEE, WILLIE M**  
STREET ADDRESS **4805 35TH AVE.**  
CITY-ST-ZIP **VERO BCH. FL**

2.1 TITLE **D - PRES.** ☐ Change ☒ Addition  
2.2 NAME **WILLIAM STONE**  
2.3 STREET ADDRESS **4235 1ST STREET SW**  
2.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☒ DELETE  
NAME **MACFARLAND, DONALD**  
STREET ADDRESS **1810 CYPRESS LAKE DR**  
CITY-ST-ZIP **GRANT FL**

3.1 TITLE **D - EX DIR.** ☐ Change ☒ Addition  
3.2 NAME **BRIAN T. HEADY**  
3.3 STREET ADDRESS **406 19 STREET**  
3.4 CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D** ☒ DELETE  
NAME **AUSBY, DEIDRA**  
STREET ADDRESS **4020 44TH MANOR**  
CITY-ST-ZIP **VERO BCH. FL**

4.1 TITLE **D -** ☐ Change ☒ Addition  
4.2 NAME **ROBERT WALSH**  
4.3 STREET ADDRESS **4405 SUNSET**  
4.4 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☒ DELETE  
NAME **TAYLOR, HARRY**  
STREET ADDRESS **601 21ST ST.**  
CITY-ST-ZIP **VERO BCH. FL**

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

TITLE **D - FOUNDER - UP** ☐ DELETE  
NAME **JACK WEYGANT** ☒ ADDITION  
STREET ADDRESS **8035 97TH AVE**  
CITY-ST-ZIP **VERO BCH, FL 32967**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016323

CR2E037 (3/96)