

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # **N93000002910 (8)**
Corporation Name

TRAINING HOUSING INFORMATION NEEDS, INC.



Principal Place of Business

Mailing Address

**2100 N.W. 21ST STREET
OCALA FL 34475**

**2100 N.W. 21ST STREET
OCALA FL 34475**

Date Incorporated or Qualified

06/29/1993

FBI Number

59-3189121

Applied For

Not Applicable

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Election Campaign Financing
Trust Fund Contribution ☐

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

Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

Name and Address of New Registered Agent

**MATHIS, ANNIE L
2100 N.W. 21ST STREET
OCALA FL 34475**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MATHIS, ANN**
STREET ADDRESS **2100 NW 21ST ST.**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **Annie L. Mathis D.J.** ☒ Change ☐ Addition
1.2 NAME **2100 N.W. 21 ST**
1.3 STREET ADDRESS **Ocala. Fl. 34475**
1.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **WALKER, LUEVERT**
STREET ADDRESS **407 MARION OAKS LANE**
CITY-ST-ZIP **OCALA FL**

2.1 TITLE **Insurance** ☒ Change ☐ Addition
2.2 NAME **Luevert Walker J.**
2.3 STREET ADDRESS **407 Marion Oaks Lane**
2.4 CITY-ST-ZIP **Ocala. Fla 34473**

TITLE **T** ☐ DELETE
NAME **DONAR, SANDY**
STREET ADDRESS **1801 SW 29TH TERR**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Sandy Donar J**
3.3 STREET ADDRESS **1801 S.W. 29th Terr.**
3.4 CITY-ST-ZIP **Ocala FL. 34474**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

Annie L. Mathis

Annie L. Mathis

CR2E037 (10/97)