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Apr 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
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DOCUMENT # **N94000003744 (9)**

1. Corporation Name

HOUSING OPPORTUNITIES, INC.

Principal Place of Business

Mailing Address

**5302 BROWN STREET
GRACEVILLE FL 32440**

~~5302 BROWN STREET~~ **P.O. Box 218**
GRACEVILLE FL 32440



3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 218**

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 **Graceville, FL**

24 Zip

25 Country

29 **32440**

30 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

**PHILLIPS, MARILYN
5302 BROWN STREET
GRACEVILLE FL 32440**

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 **EUBANKS, JOHN B**
STREET ADDRESS **P.O. BOX 454 N A**
CITY-ST-ZIP **BRISTOL FL 32321**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CUMBIE, TOM M JR.**
STREET ADDRESS **P.O. BOX 785 N A**
CITY-ST-ZIP **QUINCY FL**

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

TITLE **D** ☐ DELETE
NAME **TOLLE, CAROL A**
STREET ADDRESS **ROUTE 2 BOX 171**
CITY-ST-ZIP **JASPER FL**

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

TITLE **D** ☐ DELETE
NAME **JACKSON, RAYMOND**
STREET ADDRESS **ROUTE 1 BOX N201**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

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

TITLE **D** ☐ DELETE
NAME **GREEN, MAMIE A**
STREET ADDRESS **2914 EVERGREEN LANE**
CITY-ST-ZIP **MARIANNA FL**

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

TITLE **S** ☐ DELETE
NAME **PHILLIPS, MARILYN**
STREET ADDRESS **5302 BROWN ST.**
CITY-ST-ZIP **GRACEVILLE FL 32440**

6.1 TITLE ☐ Change ☐ Addition
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: *Marilyn Phillips* Marilyn Phillips, Ex. Director 4/20/98 850-263-4442

CR2E037 (10/97)