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2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N9500004383

Principal Place of Business

SARASOTA COALITION FOR AFFORDABLE HOUSING INC.

changed, or on an attachment with an address, with all other like empower

SIGNAT

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SECRETARY OF STATE TALLAHASSEE, FLORIDA 1180 52ND STREET 1180 52ND STREET SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WARD, LONNIE JR. 1180 52ND STREET SARASOTA FL 34234 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WARD, LONNIE JR. NAME 400004034194--04/20/01--01003--019 STREET ADDRESS STREET ADDRESS **1180 52ND STREET** CITY-ST-ZIP CITY-ST-7IP ****896.25 *****70.00 SARASOTA FL 34234 TITLE ☐ Delete TITLE ☐ Change Addition NAME GRIMES, RAYMELL B NAME STREET ADDRESS **1180 52ND STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34234 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEFFIELD, WILLIE M NAME STREET ADDRESS 1180 52ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS 1180 52ND STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete TITLE □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this report or supplemental 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 10 or Block 11 if