

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000005826 (1)**

1. Corporation Name

FLORIDA HOUSING TRUST, INCORPORATED

Principal Place of Business

Mailing Address

**7594 SKIPPER LANE
TALLAHASSEE FL 32311**

**7594 SKIPPER LANE
TALLAHASSEE FL 32311**



3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

59-3346377

Applied For

Not Applicable

2. Principal Place of Business

21 7400 Skipper Lane

2a. Mailing Address

26 7400 Skipper Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

City & State

28 Tallahassee FL

Zip

24 32311

Country

Zip

29 32311

Country

9. Name and Address of Current Registered Agent

**REISTER, ROBERT M
7594 SKIPPER LANE
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

**81 Name Robert M. Reister
82 Street Address (P.O. Box Number is Not Acceptable) 7400 Skipper Lane
83
84 Tallahassee FL 85 Zip Code 32311**

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 **Robert M. Reister**

4/27/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, LEAH	
STREET ADDRESS	1461 TERRACE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KETCHAM, PATTY	
STREET ADDRESS	2370 POTTS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PAYNE, ORAL	
STREET ADDRESS	RT. 3 BOX 680-C (PROCTOR RD.)	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leah K. Carter	
1.3 STREET ADDRESS	804 Elizabeth Drive	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE	Vice President VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert M. Reister	
2.3 STREET ADDRESS	7400 Skipper Lane	
2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
3.1 TITLE	Secretary/Treasurer STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debra N. Lovelady	
3.3 STREET ADDRESS	Route 3, Box 238	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Leah K. Carter / President** **Leah K. Carter** **4/27/98** **850/222-4609**

CP2E037 (10/97)