

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000002967 (5)

1. Corporation Name

HOUSING COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

20 WEST UNIVERSITY AVENUE
SUITE 205
GAINESVILLE FL 32601

20 WEST UNIVERSITY AVENUE
SUITE 205
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 3002 NE 13TH ST

26 3002 NE 13TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 GAINESVILLE FL

28 GAINESVILLE FL

Zip

Zip

24 32653

29 32653

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILTON, JONAS C
3432 NW 68TH ROAD
GAINESVILLE FL 32653

81 Name

JONAS C. MILTON

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

3002 NE 13TH ST

83

Jonas C. Milton

84

GAINESVILLE FL

FL

85

Zip Code 32609

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 JONAS C. MILTON

Jonas C. Milton

11/4/99

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 VPD ☐ DELETE

NAME MILTON, JONAS

STREET ADDRESS 3432 NW 68TH RD

CITY-ST-ZIP GAINESVILLE FL

TITLE T ☒ DELETE

NAME RAMEY, THERSEA R

STREET ADDRESS 510 COVENTRY RD APT 2D

CITY-ST-ZIP DECATUR GA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRESIDENT TREASURER ☒ Change ☐ Addition

1.2 NAME

JONAS C. MILTON (DIRECTOR)

1.3 STREET ADDRESS

3002 NE 13TH ST

1.4 CITY-ST-ZIP

GAINESVILLE FL 32609-3163

2.1 TITLE

Vice President (DIRECTOR) ☐ Change ☒ Addition

2.2 NAME

Ingrid I. Milton

2.3 STREET ADDRESS

3002 NE 13TH ST

2.4 CITY-ST-ZIP

GAINESVILLE FL 32609-3263

3.1 TITLE

Vice President (TRUSTEE) ☐ Change ☒ Addition

3.2 NAME

Bradley L. Johnson

3.3 STREET ADDRESS

205 SW 75TH #11E

3.4 CITY-ST-ZIP

GAINESVILLE FL 32607

4.1 TITLE

LAURA SHEETS (DIRECTOR) ☐ Change ☒ Addition

4.2 NAME

3002 NE 13TH ST

4.3 STREET ADDRESS

GAINESVILLE FL 32609

4.4 CITY-ST-ZIP

GAINESVILLE FL 32609

5.1 TITLE

BILL WARRIER (DIRECTOR) ☐ Change ☒ Addition

5.2 NAME

20 WEST UNIV. AVE

5.3 STREET ADDRESS

Suite 301

5.4 CITY-ST-ZIP

GAINESVILLE FL 32601

6.1 TITLE

300002746559-3 ☐ Change ☐ Addition

6.2 NAME

-01/20/99 01000-004

6.3 STREET ADDRESS

***297.50 ***297.50

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:

Jonas C. Milton President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 24 98 3323171

Date

Daytime Phone #

(352) 332-1100

(352)

CR2E037 (5/98)

0001603

APPROVED
AND
FILED

99 JAN 14 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 06/05/1996 STATEMENT 98-99

4. FEI Number

59-3381762

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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