

FILE NOW: FILING FEE IS \$01.20

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90223 039 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000141

1. Corporation Name
HOMES FOR ALL, INC.

560085 - 90060 - 2

Principal Place of Business
 2012 S.W. 3RD TERRACE
 CAPE CORAL FL 33991

Mailing Address
 2012 S.W. 3RD TERRACE
 CAPE CORAL FL 33991



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1951 GROVE AVE		26 1951 GROVE AVE		01/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0719616	
City & State		City & State		5. Certificate of Status Desired	
23 FT MYERS, FL		28 FT MYERS, FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 33901 25 Lee		29 33901 30 Lee		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHELLMAN, ROBERT F 2012 S.W. 3RD TERRACE CAPE CORAL FL 33991				81 Name: ROBERT F. SHELLMAN			
				82 Street Address (P.O. Box Number is Not Acceptable): 1951 GROVE AVE			
				83			
				84 City: FT MYERS FL 85 Zip Code: 33901			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLMAN, ROBERT F	1.2 NAME	ROBERT F. SHELLMAN T
STREET ADDRESS	325 PROSPECT AVE	1.3 STREET ADDRESS	1951 GROVE AVE
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	FT MYERS, FL. 33901
TITLE	GD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEVORT, RICHARD W	2.2 NAME	AL CAMENTZ
STREET ADDRESS	4300 SE 5TH PLACE	2.3 STREET ADDRESS	13500 SIBSIA AVE PINE COURT UNIT 902
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GRIFFIN, MIKE T	3.2 NAME	
STREET ADDRESS	420 SW 33RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	EXECUTIVE DIRECTOR + TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOHN FROELCH T
STREET ADDRESS		4.3 STREET ADDRESS	1505 JEFFERSON AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT MYERS, FL. 33901
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	Patrick Hutton T
STREET ADDRESS		5.3 STREET ADDRESS	1226 SW 51st ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert F. Shellman Date: 10 May 99 Daytime Phone #: 941-939-0414

CR2E037 (11/98)