

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90226 014 \*\*\*\*\*70.00

**DOCUMENT # N97000003760**

1. Entity Name

**RELIANCE HOUSING FOUNDATION, INC.**



Principal Place of Business

**516 NE 13TH ST  
FORT LAUDERDALE FL 33304  
US**

Mailing Address

**516 NE 13TH ST  
FORT LAUDERDALE FL 33304  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0764732**

Applied For

Not Applicable

5. Certificate of Status Desired

**X \$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, LOUISE  
STEARNS, WEAVER, MILLER, WEISLER, ALHADEFT  
150 W FLAGLER ST, STE 2200  
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

**JACKSON, ROBERT O.**

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

**516 N.E. 13TH STREET**

City

**FT. LAUDERDALE, FL**

Zip Code

**33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **ROBERT O. JACKSON**

**4/21/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JACKSON, ROBERT O	
STREET ADDRESS	516 NE 13TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JANTON, STEPHEN R	
STREET ADDRESS	516 NE 13TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CAPELLE, MICHAEL	
STREET ADDRESS	516 NE 13TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **GARY L. JOHNSON**  
**CONTROLLER**

**4/21/03 954-927-4545**

CR2E037 (10/02)