09101999-90011-030-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 OCT 19 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003415

Corporation Name
OPERATION HOUSING AND COMMUNITY DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
6611 MERITMOOR CIRCLE ORLANDO FL 32818	6611 MERITMOOR CIRCLE ORLANDO FL 32818

9/10/99 90011 030 $61.25

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26 P.O. BOX 682185	06/12/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-3133776 ☐ Applied For ☐ Not Applicable
City & State	City & State 28 ORLANDO FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 25	Zip 29 32868 Country 30 ORANGE	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAINESWORTH, EDWARD 6611 MERITMOOR CIRCLE ORLANDO FL 32818	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

7. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P Edward Hainesworth 6611 Meritmoor Cir Orlando FL 32818
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition Lewee Worrell, JR 948 Hawthorne Cove Ct Ocoee, FL 34761
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition D Ada Sims 1601 Crooms Ave Orlando FL 32805
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
LE / ME / REET ADDRESS / Y-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/99)

8. 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: Edward Hainesworth SIGNATURE REQUIRED 9/7/99 407-521-6159
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

KE