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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000006919

1. Corporation Name

HOUSING EDUCATION & LEARNING PROCESS, INC.

Principal Place of Business

641 N RIO GRANDE AVE. SUITE A  
ORLANDO FL 32805

Mailing Address

641 N RIO GRANDE AVE. SUITE A  
ORLANDO FL 32805



2. Principal Place of Business

21 730 NINTH STREET

2a. Mailing Address

26 730 NINTH STREET

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

265-11-6365

Applied For

Not Applicable

City & State

23 WINTER GARDEN, FL

City & State

28 WINTER GARDEN, FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country

24 34787 25 ORANGE

Zip Country

29 34787 30 ORANGE

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FULMORE, CORA R  
906 SUNNY DELL DRIVE  
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 D  DELETE  
NAME FULMORE, CORA R  
STREET ADDRESS 906 SUNNY DELL DRIVE  
CITY-ST-ZIP ORLANDO FL 32818

TITLE D  DELETE  
NAME THOMAS, MICHAEL V  
STREET ADDRESS 8418 CEDAR COVE DRIVE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D  DELETE  
NAME WILLIAMS, RODERICK M  
STREET ADDRESS 543 LIME ST  
CITY-ST-ZIP MAITLAND FL 32751

TITLE D  DELETE  
NAME THOMPSON, LONNIE  
STREET ADDRESS 4063 N GOLDENROD NO. 208  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 with all other like empowered.

SIGNATURE:

*CORA R FULMORE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (004) 654-7509  
Date Daytime Phone #

CR2E037 (1/98)