

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90060 038 ****61.25

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

Suite, Apt. #, etc.

22 City & State

23 WINTER GARDEN, FL

Zip

24 34787

Country

25 ORANGE

2a. Mailing Address

26 730 Ninth STREET

Suite, Apt. #, etc.

27 City & State

28 WINTER GARDEN, FL

Zip

29 34787

Country

30 ORANGE

3. Date Incorporated or Qualified

12/08/1998

4. FEI Number

265-11-6365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (004) 654-7509

CR2E037 (11/98)