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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

1996

Surio, Apt. #, etc.	1. Corporation		` '				
City A State City	WOODS	RIDE HOUSING RESOURCE	E FOUNDATION, INC.				
Soft High Avenue Soft Woods Soft High Avenue Soft Woods Soft High Avenue Soft H	Principal Place of Business		Mailing Address			DINA BIRAF ALDEL ÆEDII DIGİL DIBƏL OLDIL İDDI	
2	805 THIRD AVENUE		900 WOODSIDE CIRCLE KISSIMMEE FL 34741		2. Data Incorporated or Qualified	3g Date of Last Book	
Sufficiency Sufficiency			US				
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
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SCHIPPERS JAY 900 WOODSIDE CIRCLE KISSIMMEE FL 34741 82 Street Additions (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 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 suther/used by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 817,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent and state in the purpose of changing its registered agent. I am familiar with an addition of the obligation of Section 817,0502 and file in the purpose of changing its registered agent. I am familiar with a discount in the state of Florida. Such change was suther/used by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with a discount in the state of Florida. Such change was suther/used by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with a discount in the purpose of changing its registered office or purpose of changing its registered office or purpose of changing its registered office or purpose of changing its registered office or purpose of change its registered agent. I am familiar with a discount in the purpose of changing its registered office or purpose of change its registered agent. I am familiar with a discount in the purpose of changing its registered office or purpose of change its registered office or purpose of change its registered office or purpose of change its registered office or purpose of change its registered office or purpose or purpose of change its registered office or purpose of change its registered office or purpose or purpose or purpose or purpose or purp	24	25	29	30	Florida Statutes	Yes No	
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800 WOODSIDE CIRCLE KISSIMMEE FL 34741 83 City FL 85 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation's 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 SUBJULIATE paged or prelief ranke of registered agent and the registerial. PATE SUBJULIATE paged or prelief ranke of registerial agent and the registerial. PATE SUBJULIATE paged or prelief ranke of registerial agent and the registerial. PATE SUBJULIATE paged or prelief ranke of registerial agent and the registerial. PATE SUBJULIATE paged or prelief ranke of registerial agent and the registerial. SCHIPPERS, JAY SCHIPPERS, JAY 12 NAME SCHIPPERS, JAY 12 NAME SCHIPPERS, JAY 12 NAME 13 STREET ADDRESS CITY-ST-ZIP RILE SUBJULIATE PAGED OF STREET ADDRESS CITY-ST-ZIP RILE SUBJULIATE PAGED OF STREET ADDRESS CITY-ST-ZIP BROOKLYN NY 13 STREET ADDRESS CITY-ST-ZIP BROOKLYN NY 14 CITY-ST-ZIP Addition Addition Change Maddition Addition ADDITIONS-CHANGES TO CIT-ST-STREET ADDRESS **********************************				81 Name			
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11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Rovida Statutes, the above named corporation submits this statement for the puryose of changing its registered office or registered agent, or both, in the State of Riorida. 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, Fiorida Statutes. SIGNATURE Segment typed or pretect name of registered agent and title. I applicative. RIOTE Registered Agent signature required when remotivating. DAIT.	i			84 City		85 Zip Code	
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CITY-ST-ZIP 64 CITY-S		y certify that the information supplied	with this filing is voluntarily furn		Lilify for the exemption stated in Section 119.	07(3)(k), 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.

GNATURE:

3/5/46

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #