FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 23 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000069761

1. Corporation Name
National Housing Assistance, Inc.

Principal Place of Business
P.O. Box 328
Sebring, FL 33871

Mailing Address
(Same)

3. Date Incorporated or Qualified: 8/21/96	3a. Date of Last Report: N/A
4. FEI Number: 650691011	Applied For / Not Applicable
5. Certificate of Status Desired: X	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business (21): Same
Suite, Apt. #, etc. (22):
City & State (23): Sebring, FL. 33871
Zip (24): 33871-0328 County (25): Highlands

2a. Mailing Address (26): Same
Suite, Apt. #, etc. (27):
City & State (28): Same
Zip (29): 33871-0328 Country (30): Highlands

9. Name and Address of Current Registered Agent

Daniel L. Childers
1615 9th Ave
SEBRING, FLORIDA 33872

10. Name and Address of New Registered Agent

81 Name: Daniel L. Childers
82 Street Address (P.O. Box Number is Not Acceptable): 1615 9th Ave-
83
84 City: SEBRING FL 85 Zip Code: 33872

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: D.L. Childers — 6/16/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: Daniel L. CHILDERS, 1615 9th Ave. SEBRING, FL. 33872	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition: President, Treasure Sec.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition: 000002223310--0 -06/25/97--01122--012 ****173.75 ****173.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CPPE034 (10/96)

14. I do hereby certify that the information supplied with this report 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D.L. Childers — 6/10/97
SIGNATURE AND IF FEI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #