

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724683

FILED
Apr 02, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 23-0724683 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANSBURY, GAIL
Address: 27 ROBINWOOD DRIVE SW
City-St-Zip: FT WALTON BEACH, FL 32548

Title: PE () Delete
Name: RUSSELL, WILLIAM
Address: 1300 BOULEVARD OF THE ARTS
City-St-Zip: SARASOTA, FL 34236

Title: VP/T () Delete
Name: TUA, ANGEL
Address: POST OFFICE BOX 2359
City-St-Zip: SANFORD, FL 32772

Title: VP/S () Delete
Name: SERRATA, ESMERALDA
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: ED () Delete
Name: MATHEWS, COREY
Address: 335 BEARD STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: PP () Delete
Name: RYANS, JEROME
Address: 1514 UNION STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL SANSBURY

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date