

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724683

FILED
Mar 06, 2012
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
Name: GOODSON, MARCUS
Address: 4224 MICHIGAN AVE
City-St-Zip: FORT MYERS, FL 33916

Title: PE
Name: BURGER, MARIA
Address: 611 CHURCH STREET
City-St-Zip: STUART, FL 34994

Title: VP/S
Name: REDDICK, CATHERINE
Address: PO BOX 1314
City-St-Zip: BARTOW, FL 33831

Title: VP/T
Name: BREWSTER, PAMELA
Address: 120 OERTING DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32425

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

Title: PP
Name: RUSSELL, WILLIAM
Address: 40 S PINEAPPLE AVE
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: MARCUS GOODSON

P

03/06/2012

Electronic Signature of Signing Officer or Director

Date