

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 038 ****61.25

DOCUMENT # 740123

1. Entity Name
GAINESVILLE, FLORIDA, HOUSING CORPORATION, INC.



Principal Place of Business
 1900 SOUTHEAST 4TH STREET
 P.O. BOX 1468
 GAINESVILLE, FL 32601

Mailing Address
 1900 SOUTHEAST 4TH STREET
 P.O. BOX 1468
 GAINESVILLE, FL 32601

50055813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3528149

Applied For
 Not Applicable

Zip
32602

Country

Zip
32602

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COCHRAN, WILLIAM, D.
 1900 SE 4TH STREET
 GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code **32641**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William D. Cochran

William D. Cochran

7/7/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWMAN, NORMAN J.	
STREET ADDRESS	1900 SE 4TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COCHRAN, WILLIAM D	
STREET ADDRESS	1900 SE 4TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEARNSIDE, MARY, V	
STREET ADDRESS	1900 SE 4TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 00000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROSA	
STREET ADDRESS	1900 SE 4TH ST	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William D. Cochran

William D. Cochran

7/7/2005

352-334-4005x322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #