


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 740651
 1. Entity Name
SEBRING HOUSING RESEARCH & DEVELOPMENT, INC



Principal Place of Business Mailing Address
 1800 TANGERINE AVE. 613 S 12TH STREET
 P. O. BOX 431 LEESBURG, FL 34748
 SEBRING, FL 33870

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03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 59-1786646 Not Applicable

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

6. Name and Address of Current Registered Agent
 JONES, DOROTHY
 613 S 12TH ST
 LEESBURG, FL 34749

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DOROTHY 4526 HIGH ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, ALICE 1106 GRAND AVENUE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEART, PAMELA 4530 HIGH ST SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KNIGHT, THEODOLY 1315 GARWOOD AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/06-80064-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Dorothy Jones* 4-14-06 (352) 326-3277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #