FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # 750566

1. Corporation Name
CMHC Hernandez House, Inc.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number 59-2041794 | Applied For | Not Applicable

2. Principal Place of Business
21 1221 W. Lakeview Avenue
22 Suite, Apt. #, etc.
23 City & State: Pensacola, FL
24 Zip: 32501 25 Country: Escambia

2a. Mailing Address
26 1221 W. Lakeview Avenue
27 Suite, Apt. #, etc.
28 City & State: Pensacola, FL
29 Zip: 32501 30 Country: Escambia

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] A — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: MOULTON, WRIGHT ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 25 W. Cedar Street
83
84 City: Pensacola FL 85 Zip Code: 32501

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	EADDY, MORRIS L.	12 NAME	500001518935
STREET ADDRESS	4030 Collingswood Road	13 STREET ADDRESS	-06/21/95--01031--011
CITY-ST-ZIP	Pensacola, Florida 32514	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CRONGEYER, MARYANN S.	22 NAME	
STREET ADDRESS	426 Rue De Rocheblave	23 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32507	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, KENNETH W.	32 NAME	
STREET ADDRESS	5150 Gull Point Road	33 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32504	34 CITY-ST-ZIP	
TITLE	VCD	41 TITLE	☐ Change ☐ Addition
NAME	BLACKSTON-RILEY, ANN	42 NAME	
STREET ADDRESS	707 Pinestead Road	43 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32505	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	REMITTED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	T.L.S. 6/20/95	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Morris L. Eaddy (904)432-1222
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #