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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **750566** **(2)**

1. Corporation Name
CMHC HERNANDEZ HOUSE, INC.

APR 11 1998
1 OLI ACCOUNTING

Principal Place of Business	Mailing Address
1221 W LAKEVIEW AVENUE C/O MORRIS L. EADDY PENSACOLA FL 32501	1221 W LAKEVIEW AVENUE C/O MORRIS L. EADDY PENSACOLA FL 32501

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/11/1980

4. FEI Number: 59-2041794 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOULTON, WRIGHT ESQ
25 W. CEDAR STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	EADDY, MORRIS L		1.2 NAME	Andrews, Kenneth W.	
STREET ADDRESS	4030 COLLINGSWOOD RD		1.3 STREET ADDRESS	5150 Gull Point Road	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	D	☐ DELETE	2.1 TITLE	CD	☐ Change ☒ Addition
NAME	MARTIN, ESTHER LEE		2.2 NAME	Durhan, Michael	
STREET ADDRESS	6123 CHABLIS LANE		2.3 STREET ADDRESS	~~P.O. Box 510~~ 320 W. GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL ~~32593~~ 32501	
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, KENNETH W		3.2 NAME		
STREET ADDRESS	5150 GULL POINT ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		3.4 CITY-ST-ZIP		
TITLE	VCD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKSTON-RILEY, ANN		4.2 NAME		
STREET ADDRESS	707 PINESTEAD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 3-13-98 (850)441-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #