

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

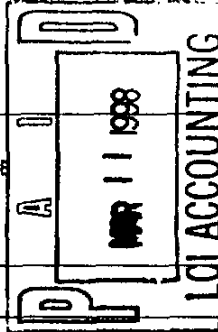
NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **750566**

(2)

1. Corporation Name

CMHC HERNANDEZ HOUSE, INC.



Principal Place of Business 1221 W LAKEVIEW AVENUE C/O MORRIS L. EADDY PENSACOLA FL 32501		Mailing Address 1221 W LAKEVIEW AVENUE C/O MORRIS L. EADDY PENSACOLA FL 32501	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/11/1980	4. FEI Number 59-2041794
21 Suite, Apt. #, etc.	2a. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	Applied For ☐ Not Applicable ☐
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip	28 Country	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
24	25	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 ESO 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VCD
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	2.1 TITLE	CD
NAME	MARTIN, ESTHER LEE	2.2 NAME	Durhan, Michael
STREET ADDRESS	6123 CHABUS LANE	2.3 STREET ADDRESS	P.O. Box 510, 320 W. GARRIS ST.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32593 32501
TITLE	CD	3.1 TITLE	
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	4.1 TITLE	
NAME	BLACKSTON-RILEY, ANN	4.2 NAME	
STREET ADDRESS	707 PINESTAD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris L. Eaddy

3-13-98

(200)467-3700

CR2E037 (10/97)