FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90252 029 ****61.25

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DOCUMENT # 750566

1. Corporation Name

CMHC HERNANDEZ HOUSE, INC.

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/11/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2041794 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☒ Change ☐ Addition
NAME	EADDY, MORRIS L		1.2 NAME	Eaddy, Morris L.	
STREET ADDRESS	4030 COLLINGSWOOD RD		1.3 STREET ADDRESS	4030 Collingswood Road	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTIN, ESTHER LEE		2.2 NAME	Martin, Esther Lee	
STREET ADDRESS	6123 CHABLIS LANE		2.3 STREET ADDRESS	6123 Chablis Lane	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VCD	☒ DELETE	3.1 TITLE	VCD	☐ Change ☒ Addition
NAME	ANDREWS, KENNETH W		3.2 NAME	McCorvey, Angela	
STREET ADDRESS	5150 GULL POINT ROAD		3.3 STREET ADDRESS	UWF, Bldg. 18, Room 133	
CITY-ST-ZIP	PENSACOLA FL 32504		3.4. CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	CD	☐ DELETE	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	DURHAN, MICHAEL		4. 2 NAME	Durhan, Michael	
STREET ADDRESS	220 W GARDEN ST		4.3 STREET ADDRESS	P.O. Box 510	
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP	Pensacola, FL 32593	
TITLE		☐ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME			5.2 NAME	Powell, Melba K.	
STREET ADDRESS			5.3 STREET ADDRESS	11610 Cabot Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Pensacola, FL 32534	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Melba S Powell MELBA S POWELL 4/14/99 (850) 469-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #