

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# N02000006000

Entity Name: FLORIDA DELTA HOUSING CORPORATION, INC.

Current Principal Place of Business:

701 BAYSHORE BLVD.
TAMPA, FL 33606

New Principal Place of Business:

4202 E. FOWLER AVE.
GKY 4223
TAMPA, FL 33620

Current Mailing Address:

701 BAYSHORE BLVD.
TAMPA, FL 33606

New Mailing Address:

15704 CASHMERE LANE
TAMPA, FL 33624

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAFORD, RAY ESQ
701 BAYSHORE BLVD.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FELDMAN, MITCHELL
15704 CASHMERE LANE
TAMPA, FL 33624 US

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.

SIGNATURE: MITCHELL FELDMAN

02/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANULAK, TOBY
Address: 222 - 2ND AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: VSD (X) Delete
Name: SEAFORD, RAY
Address: 701 BAYSHORE BLVD.
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: EARLE, CHUCK
Address: 1432 TRAIL BOSS LANE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD (X) Change () Addition
Name: FELDMAN, MITCHELL
Address: 15704 CASHMERE LANE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL FELDMAN

PVSD

02/01/2005

Electronic Signature of Signing Officer or Director

Date