

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005
Secretary of State

DOCUMENT# N31111

Entity Name: F.G.H.A., INC.

Current Principal Place of Business:

C/O ABE SCHESTOPOL
2004 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

Current Mailing Address:

P O BOX 3848
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

C/O GERRY ROSE
2007 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3129194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHESTOPOL, ABE
2004 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ROSE, GERRY B TD
2007 FOREST GLEN COURT
TALLAHASSEE, FL 32303 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: GERRY B ROSE

03/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIDSON, JON
Address: 2015 FOREST GLEN COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: SCHESTOPOL, ABE
Address: 2004 FOREST GLEN CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: LENCZYK, CAROLYN
Address: 2016 FOREST GLEN CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Delete
Name: BARBER, SARAH
Address: 2009 FOREST GLEN CT.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JACKSON, GLEN
Address: 2011 FOREST GLEN COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change () Addition
Name: ROSE, GERRY
Address: 2007 FOREST GLEN CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change () Addition
Name: BARBER, SARAH
Address: 2009 FOREST GLEN CT
City-St-Zip: TALLAHASSEE, FL 32303

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: GERRY B ROSE

TD

03/26/2005

Electronic Signature of Signing Officer or Director

Date