

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005394

FILED
Jul 05, 2007
Secretary of State

Entity Name: MARTIN HOUSING ALLIANCE, INCORPORATED

Current Principal Place of Business:

1001 S.E. MONTEREY RD.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

1147 ROBINSON AVE
OCEAN SPRINGS, MS 39564

New Mailing Address:

FEI Number: 65-0462958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOPKO, JAMES
2307 SE MONTEREY ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ROCHA, JOSE A
Address: 758 SE WHITE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: BRAKEL, BARBARA J
Address: 1033 S.E. 14TH STREET
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MCADAMS, DIANE
Address: 1509 SE LARK
City-St-Zip: STUART, FL 34996

Title: D (X) Delete
Name: STEELMAN, PETER
Address: 1061 SE MONTEREY ROAD, APT D-30
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: DIANE MCADAMS

PRES

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date