

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003190

FILED
Aug 10, 2004
Secretary of State

Entity Name: THREE RIVERS HOUSING FOUNDATION, INC.

Current Principal Place of Business:

1981 CAPTIAL CIRCLE NE
STE 500
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1213 CONSERUANCY DR E
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3336405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOONE, FORREST F
1213 CONSERVANCY DR E
TALLAHASSEE, FL 32312 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: DP () Delete
Name: BOONE, FORREST F
Address: 1213 CONSERVANCY DR E
City-St-Zip: TALLAHASSEE, FL 32312

Title: DVP () Delete
Name: BOONE, BARBARA S
Address: 1213 CONSERVANCY DR E
City-St-Zip: TALLAHASSEE, FL 32312

Title: DTS () Delete
Name: STONE, PHILIP T
Address: 1621 FIFTH STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: MCCORMICK, PAUL J
Address: 7400 BAYMEADOWS WAY STE 205
City-St-Zip: JACKSONVILLE, FL 32256

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 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: FORREST F. BOONE

DP

08/10/2004

Electronic Signature of Signing Officer or Director

Date