

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 763498

1. Entity Name
**FLORIDA ASSOCIATION OF LOCAL HOUSING FINANCE
AUTHORITIES, INC.**



Principal Place of Business
**25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502 US**

Mailing Address
**25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502 US**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2949126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JERNIGAN, GORDON
25 W CEDAR STREET
SUITE #530
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gordon Jernigan

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

1/24/06

**Filing fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JERNIGAN, GORDON
25 W CEDAR STREET, SUITE #530
PENSACOLA, FL 32502**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ABBOTT, ANGELA A
4420 S WASHINGTON AVENUE
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FERGUSON, WALTER
11021 RUDEN ROAD
FT MEYERS, FL 33917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000402109
02/02/06-80072-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

Date

Daytime Phone #