

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724683

Entity Name: FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT
OFFICIALS**FILED**
Apr 02, 2013
Secretary of State
CC2081945925**Current Principal Place of Business:**335 BEARD STREET
TALLAHASSEE, FL 32303**Current Mailing Address:**PO BOX 14629
TALLAHASSEE, FL 32317-4629 US**FEI Number: 23-0724683****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKROB, ROBERT
335 BEARD STREET
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GOODSON, MARCUS
Address	4224 MICHIGAN AVE
City-State-Zip:	FORT MYERS FL 33916

Title	PE
Name	BURGER, MARIA
Address	611 CHURCH STREET
City-State-Zip:	STUART FL 34994

Title	VP/T
Name	BREWSTER, PAMELA
Address	120 OERTING DRIVE
City-State-Zip:	DEFUNIAK SPRINGS FL 32425

Title	ED
Name	MATHEWS, COREY
Address	335 BEARD STREET
City-State-Zip:	TALLAHASSEE FL 32303

Title	PP
Name	RUSSELL, WILLIAM
Address	40 S PINEAPPLE AVE
City-State-Zip:	SARASOTA FL 34236

I hereby 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 all other like empowered.

SIGNATURE: MARCUS GOODSON**PRESIDENT****04/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date