

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2004  
Secretary of State**

DOCUMENT# 714993

Entity Name: MACEDONIA HOUSING AUTHORITY, INC.

**Current Principal Place of Business:**

1722 WEST 17TH STREET  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 NW 36TH AVE  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 59-1276093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANAGEMENT SPECIALITIES  
4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606

**Name and Address of New Registered Agent:**

MANAGEMENT SPECIALISTS  
4400 NW 36TH AVENUE  
GAINESVILLE, FL 32606

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: PAT TRIPPE      04/21/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GLASS, LORETTA  
Address: 921 N. CENTER AVE.  
City-St-Zip: PANAMA CITY, FL

Title: D      ( ) Delete  
Name: ROBINSON, ERNEST,  
Address: 1018 E. 7TH COURT  
City-St-Zip: PANAMA CITY, FL

Title: D      ( ) Delete  
Name: HILL, EMMET  
Address: 6425 MINNEOLA ST  
City-St-Zip: CALLAWAY, FL

Title: D      ( ) Delete  
Name: MYERS, TIMOTHY  
Address: 7307 RODGERS DR  
City-St-Zip: CALAWAY, FL 32404

Title: D      ( ) Delete  
Name: EDWARDS, ALVIN  
Address: 2623 E 37TH ST  
City-St-Zip: PANAMA CITY, FL 32405

**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:

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: ERNEST ROBINSON      D      04/21/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date