

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714993

FILED
Apr 24, 2009
Secretary of State

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:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Mailing Address:

101 NW 75TH STREET
SUITE 2
GAINESVILLE, FL 32607

FEI Number: 59-1276093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT SPECIALISTS
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS
101 NW 75TH STREET
SUITE 2
GAINESVILLE, FL 32607 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:

04/24/2009

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 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: ERNEST ROBINSON

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date