

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723127

FILED
May 20, 2009
Secretary of State

Entity Name: FLORIDA HOUSE, WASHINGTON, D.C., INC

Current Principal Place of Business:

#1 SECOND STREET , N.E.
WASHINGTON, DC 20002

New Principal Place of Business:

Current Mailing Address:

#1 SECOND STREET , N.E.
WASHINGTON, DC 20002

New Mailing Address:

FEI Number: 52-0986312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIBLER, D. BURKE
92 LAKE WIRE DRIVE
LAKELAND, FL 33802 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: TTRD () Delete
Name: KING, SCOTT
Address: 7780 ROYAL CREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: M () Delete
Name: HUDSON, BART
Address: 5805 IPSWICH ROAD
City-St-Zip: BETHESDA, MD 20814

Title: VPT () Delete
Name: SHIKANY, TERRI
Address: 10 EDGEWAER DRIVE #15K
City-St-Zip: CORAL GABLES, FL 33133

Title: PT () Delete
Name: HIGHTOWER, MIKE
Address: 1850 SEMINOLE RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: ST () Delete
Name: O'CONNELL, CINDY
Address: 1505 O'CONNELL LANE
City-St-Zip: TALLAHASSEE, FL 32311

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: BART G. HUDSON

M

05/20/2009

Electronic Signature of Signing Officer or Director

_____ Date