

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733916

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: CMHC PROPERTIES, INC.

## Current Principal Place of Business:

1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
PENSACOLA, FL 32501

## New Principal Place of Business:

## Current Mailing Address:

1221 W LAKEVIEW AVE  
C/O EXECUTIVE OFFICE  
PENSACOLA, FL 32501

## New Mailing Address:

FEI Number: 59-1747844      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEMBRY, GARY L  
LAKEVIEW CENTER, INC.  
1221 W LAKEVIEW AVE  
PENSACOLA, FL 32501 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: CD      ( ) Delete  
Name: LANDRUM, BRITT  
Address: 4050 BEVEDERE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VCD      ( ) Delete  
Name: BRADSHAW, NELSON  
Address: 2660 BAY ST  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: CFO      ( ) Delete  
Name: HILL, MARY A CFO  
Address: 6618 ALLISON WAY  
City-St-Zip: PACE, FL 32571 US

Title: S      ( ) Delete  
Name: KIRTON, NANCY K  
Address: 6051 LARAMIE WAY  
City-St-Zip: MILTON, FL 32570

Title: P      ( ) Delete  
Name: BEMBRY, GARY L  
Address: 2543 ANGEL COURT  
City-St-Zip: GULF BREEZE, FL 32563

## 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: NANCY KIRTON

S

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date