2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# 742181

Entity Name: PASCO COUNTY, FLORIDA, FEDERALLY ASSISTED HOUSING, INC.

Current Principal Place of Business:

14517 7TH ST
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

14517 7TH ST
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-1691562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

TURNER, KAREN
14517 7TH ST
DADE CITY, FL 33523 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: PD ( ) Delete
Name: TURNER, KAREN
Address: 13921 EIGHTH ST
City-St-Zip: DADE CITY, FL 33525

Title: VD ( ) Delete
Name: WRIGHT, LINDA
Address: 40304 TROTTER LN
City-St-Zip: DADE CITY, FL 33525

Title: T ( ) Delete
Name: TAFFS, MAGARET
Address: 4801 AIRPORT RD #115
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD ( ) Delete
Name: JACKSON, ABIGAIL
Address: 37708 MARTIN LUTHER KING BLVD
City-St-Zip: DADE CITY, FL 33523

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:

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: KAREN TURNER PD 07/24/2009
Electronic Signature of Signing Officer or Director — Date