

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743388

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA NON-PROFIT HOUSING, INC.

Current Principal Place of Business:

3909 KENILWORTH BLVD.
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1987
SEBRING, FL 338711987 US

New Mailing Address:

FEI Number: 59-1902966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENS, LAURETTA B
3909 KENILWORTH BLVD.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

STEPHENS, LAURETTA B
3909 KENILWORTH BLVD.
SEBRING, FL 33870 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: LAURETTA B. STEPHENS

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HILL, JOHNNIE
Address: 4350 WOODBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SAFFOLD, ROBERT
Address: 608 BOWMAN AVENUE
City-St-Zip: SEBRING, FL 33870

Title: ST () Delete
Name: LERMA, ANGEL
Address: 647 HOLMES AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: MARTIN, WILLIE
Address: 104 LAUREN LANE
City-St-Zip: CLINTON, MS 39056

Title: D () Delete
Name: MONTEZ, DAVID
Address: 205 N TEXAS AVE
City-St-Zip: TAVARES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HILL, JR., JOHNNIE
Address: 4350 WOODBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTIN, WILLIE
Address: 104 LAUREN LANE
City-St-Zip: CLINTON, MS 39056

Title: VP (X) Change () Addition
Name: MONTEZ, DAVID
Address: 205 N TEXAS AVE
City-St-Zip: TAVARES, FL

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: ANGEL LERMA

S/T

01/08/2009

Electronic Signature of Signing Officer or Director

Date