


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747083</b> 1. Entity Name PUBLIC HOUSING ASSISTANCE, INC.	
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Principal Place of Business 300 W. DIXIE AVE. LEESBURG, FL 34748	Mailing Address 300 W. DIXIE AVE. LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2196112	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, JAMES H.  
501 N BAY ST  
EUSTIS, FL 32726

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, JAMES H. 101 S EUTIS ST EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ALUN M. 707 S MOUND ST. LEESBURG FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LESLIE PO BOX 842 LEESBURG, FL 347490842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MARGARET C. 401 N. MILLS ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JOHNSON, BETTY PO BOX 842 LEESBURG, FL 347490842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/06-90013-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Johnson 1-11-06 (352) 787-6788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Betty Johnson