



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 747083 1. Entity Name PUBLIC HOUSING ASSISTANCE, INC.	
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Principal Place of Business 300 W DIXIE AVENUE LEESBURG, FL 34748 US	Mailing Address 300 W DIXIE AVENUE LEESBURG, FL 34748 US
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1987269	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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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ALUN M 707 S MOUND ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LESLIE P O BOX 842 LEESBURG, FL 347490842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, MARGARET C 401 N MILLS ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JOHNSON, BETTY P O BOX 842 LEESBURG, FL 347490842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624204  
02/14/07-80022-007 70.00

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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:  1-31-07 (352) 787-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #