

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747083

FILED
Feb 11, 2009
Secretary of State

Entity Name: PUBLIC HOUSING ASSISTANCE, INC.

Current Principal Place of Business:

300 W DIXIE AVENUE
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

300 W DIXIE AVENUE
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-1987269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HABER, FLORA
300 W. DIXIE AVE
LEESBURG, FL 34748 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: LOWE, JAMES H
Address: 101 S EUTIS ST
City-St-Zip: EUSTIS, FL 32726 US

Title: VD () Delete
Name: JONES, ALUN M
Address: 707 S MOUND ST
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: JOHNSON, LESLIE
Address: P O BOX 842
City-St-Zip: LEESBURG, FL 347490842 US

Title: D () Delete
Name: WARD, MARGARET C
Address: 401 N MILLS ST
City-St-Zip: LEESBURG, FL 34748 US

Title: SDT () Delete
Name: JOHNSON, BETTY
Address: P O BOX 842
City-St-Zip: LEESBURG, FL 347490842 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: JOHNSON, LESLIE J
Address: P O BOX 842
City-St-Zip: LEESBURG, FL 34748 US

Title: D (X) Change () Addition
Name: HOLIDAY, SHENIKA
Address: 2000 PARK CIRCLE APT 15
City-St-Zip: LEESBURG, FL 34748 US

Title: D (X) Change () Addition
Name: GAINS, KARA
Address: 2000 PARK CIRCLE APT 4
City-St-Zip: LEESBURG, FL 34748 US

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

Title: D () Change (X) Addition
Name: BEAN, EARL
Address: 38915 GRAYS AIRPORT ROAD
City-St-Zip: FRUITLAND PARK, FL 32159 US

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: JAMES LOWE

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date