

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747083

FILED  
Jan 13, 2010  
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  
Name: LOWE, JAMES H  
Address: 101 S EUTIS ST  
City-St-Zip: EUSTIS, FL 32726 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY JOHNSON

SECY

01/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date