


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90013 029 \*\*\*\*61.25

**DOCUMENT # 748897**  
 1. Entity Name  
 DUVAL ELDERLY HOUSING CORPORATION, INC.



Principal Place of Business      Mailing Address  
 4595 LEXINGTON AVENUE      4595 LEXINGTON AVENUE  
 JACKSONVILLE, FL 32210 US      JACKSONVILLE, FL 32210 US

**DO NOT WRITE IN THIS SPACE**

90105066



03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 59-3026511      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MILNE, DOUGLAS J.  
 4595 LEXINGTON AVENUE  
 JACKSONVILLE, FL 32210

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEMME, DAVID E.
STREET ADDRESS	<del>1903 PULLEN RD</del> 4499 Limpkin Lane
CITY-ST-ZIP	JACKSONVILLE, FL <del>32210</del> Fernandina Bch, FL 32034
TITLE	DVP
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVE <del>4595</del>
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	SD
NAME	MILNE, DOUGLAS J.
STREET ADDRESS	4595 LEXINGTON AVE <del>4595</del>
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** DJ Milne DJ MILNE      4/29/08      904.387.5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #