

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748897

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** DUVAL ELDERLY HOUSING CORPORATION, INC.

**Current Principal Place of Business:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

**FEI Number:** 59-3026511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILNE, DOUGLAS J.  
4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

MILNE, DOUGLAS J.  
4595 LEXINGTON AVENUE  
JACKSONVILLE, FL 32210 US

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: DOUGLAS J. MILNE

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEMMEL, DAVID E  
Address: 4499 LIMP KIN LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVP  
Name: MILNE, DOUGLAS J  
Address: 4595 LEXINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD  
Name: MILNE, DOUGLAS  
Address: 4595 LEXINGTON AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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: DOUGLAS J. MILNE

DVP

04/29/2010

Electronic Signature of Signing Officer or Director

Date