

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 749028 (7)

1. Corporation Name
CERNY HOUSING DEVELOPMENT CORPORATION, INC.



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|---|--|
| Principal Place of Business 1920 W. GARDEN ST. P O BOX 18370 PENSACOLA FL 32523 | Mailing Address 1920 W. GARDEN ST. P O BOX 18370 PENSACOLA FL 32523-8370 |
|---|--|

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|---|--|
| 21 2. Principal Place of Business Suite, Apt. #, etc. | 26 2a. Mailing Address Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

| | |
|--|--|
| 3 Date Incorporated or Qualified 09/21/1979 | 3a Date of Last Report 04/22/1996 |
| 4 FEI Number 59-6001285 | Applied For Not Applicable |
| 5 Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ROGERS, JOSEPH M.
1920 W. GARDEN ST.
PENSACOLA FL 32596**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, JOSEPH M | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 18370, NA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REESE, JOYCE | 2.2 NAME | |
| STREET ADDRESS | 1920 W GARDEN STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMBLIN, JUANITA | 3.2 NAME | |
| STREET ADDRESS | 1920 W GARDEN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Willie Junior | 4.2 NAME | |
| STREET ADDRESS | 1920 W GARDEN STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CF2E037 (9/96)