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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 749028

1. Corporation Name CERNY HOUSING DEVELOPMENT CORPORATION, INC.

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



2. Principal Place of Business 21, 22, 23, 24, 25, 29, 30, 26, 27, 28, 29, 30, 3. Date Incorporated or Qualified 09/21/1979, 4. FEI Number 59-6001285, 5. Certificate of Status Desired, 6. Election Campaign Financing Trust Fund Contribution

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, 83, 84 City, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles like STD, VPD, PD and names like ROGERS, JOSEPH M., JUNIOR, WILLE, TOMBLIN, JUANITA.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 3-26-99 850-438-8561

CR2E037 (11/98)