2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT #749028** 1. Entity Name 04-22-2005 90295 050 ****61.25 CERNY HOUSING DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 1920 W. GARDEN ST. 1920 W. GARDEN ST. P 0 B0X 18370 P 0 B0X 18370 PENSACOLA, FL 32523 PENSACOLA, FL 32523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 Cha-NP CR2E037 (10/03) City & State City & State Applied For FEI Number 59-6001285 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, JOSEPH M. Street Address (P.O. Box Number is Not Acceptable) 1920 W. GARDEN ST. PENSACOLA, FL 32506 313 City Pen saco 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD TITLE ☐ Delete TITI F ☐ Change ■ Addition ROGERS, JOSEPH M NAME NAME STREET ADDRESS 1920 W GARDEN ST STREET ADDRESS CITY-ST-7IF PENSACOLA, FL 32501 CITY-ST-ZIP PD MLE ☐ Delete Change ☐ Addition SIMS, PHYLLIS NAME NAME 1920 W GARDEN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 CITY-ST-ZIP IIILE Delete TITLE -- Change --Addition ROBINSON, SHERMAN NAME NAME STREET ADDRESS 1920 W GARDEN STREET STREET ADDRESS CITY-ST-7P PENSACOLA, FL 32501 CITY-ST-ZIP TITLE ☐ Delete MLE Addition MALE NAME STREET ADDRESS STREET ADDRESS CBY-ST-7E CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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

empowered.

of the corporation or the recichanged, or on an attachme

CICNIATI IDE.

nt with an address, with all other like

FILED