

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90189 012 \*\*\*\*61.25

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03262007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 749028</b>					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6004285 45-0551768	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROGERS, JOSEPH M. 1920 W. GARDEN ST. PENSACOLA, FL 32501				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOSEPH M			NAME	
STREET ADDRESS	1920 W GARDEN ST			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, SHIRLEY			NAME	
STREET ADDRESS	1920 W GARDEN ST			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, MELANIE			NAME	
STREET ADDRESS	1920 W GARDEN STREET			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARIE			NAME	
STREET ADDRESS	1920 W GARDEN ST			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, DOLORES			NAME	
STREET ADDRESS	1920 W GARDEN ST			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, GWENDOLYN			NAME	
STREET ADDRESS	1920 W GARDEN ST			STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 32501			CITY - ST - ZIP	
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.					
<b>SIGNATURE:</b> <i>Joseph M. Rogers</i>		Joseph M. Rogers		03/29/07 850-438-856	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	