

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 050 ****61.25

DOCUMENT # 749028

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

DO NOT WRITE IN THIS SPACE

40070010



01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
45-0551768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JOSEPH M.
1920 W. GARDEN ST.
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ROGERS, JOSEPH M
1920 W GARDEN ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDERSON, SHIRLEY
1920 W GARDEN ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICHOLS, MELANIE
1920 W GARDEN STREET
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YOUNG, MARIE
1920 W GARDEN ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
CURRY, DOLORES
1920 W GARDEN ST
PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GIVENS, GWENDOLYN
1920 W GARDEN ST
PENSACOLA, FL 32501

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Rogers Joseph M. Rogers 850-438-8561
04/21/08