

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
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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 <input type="checkbox"/>	\$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 _____ (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: *Joseph M. Rogers* Joseph M. Rogers 04/21/08 850-438-8561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #