

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749364

FILED
Jan 18, 2009
Secretary of State

Entity Name: INDIANTOWN NONPROFIT HOUSING, INCORPORATED

Current Principal Place of Business:

15516 SW OSCEOLA STREET
INDIANTOWN, FL 34956

New Principal Place of Business:

15516 SW OSCEOLA STREET
SUITE D
INDIANTOWN, FL 34956

Current Mailing Address:

P.O. BOX 456
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 59-1978388 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOHL, N. DEAN JR.
2055 S. KANNER HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDD () Delete
Name: CRABTREE, MALCOLM
Address: 1474 SW GREEN POINT WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: VPD () Delete
Name: SUMMERS, WILLIAM
Address: 3748 WOODBRIAR LANE
City-St-Zip: PALM CITY, FL 34990 US

Title: SD () Delete
Name: WELDON, STEPHANIE
Address: P.O. BOX 1620
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D () Delete
Name: CONNER, DEL
Address: 12482 HARBOR RIDGE BLVD
City-St-Zip: PALM CITY, FL 34990 US

Title: D () Delete
Name: CARMAN, DONNA
Address: 16801 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CARMAN

ED

01/18/2009

Electronic Signature of Signing Officer or Director

Date