

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90206 001 \*\*\*122.50

**DOCUMENT # 749620**  
 1. Entity Name  
**FORT PIERCE HOUSING DEVELOPMENT CORPORATION**



Principal Place of Business  
 707 N. 7TH ST.  
 FORT PIERCE, FL 34950-3131

Mailing Address  
 707 N. 7TH ST.  
 FORT PIERCE, FL 34950-3131

**66407874**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-0899100		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		03102004 Chg-NP CR2E037 (10/03)			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BROOKS, GLAISTER A 707 NORTH 7TH STREET FT PIERCE, FL 34950				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BECHT, EDWARD W			NAME	Cavalcanti, Glynda		
STREET ADDRESS	321 SOUTH 2ND STREET			STREET ADDRESS	315 Avenue A		
CITY-ST-ZIP	FT. PIERCE, FL 34950			CITY-ST-ZIP	Fort Pierce, FL 34950		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SESSIONS, REGINALD			NAME			
STREET ADDRESS	320 AVE A			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34950			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENNER, HOWARD H			NAME			
STREET ADDRESS	1630 SEAWAY DR, UNIT 307			STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE, FL 34949			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, THERESA			NAME			
STREET ADDRESS	2901 AVE F #B			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34950			CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE L III			NAME			
STREET ADDRESS	606 BOSTON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE, FL 34950			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, GLAISTER A			NAME			
STREET ADDRESS	2050 OLEANDER BLVD			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34950			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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Howard Brenner, President *Howard A. Brenner* (772)464-0901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #