

# 2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY -1 PH 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSK*

04/11/06 90109041 #61.25



02172006 Chg-NP CR2E037 (11/05)

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0899100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALCANTI, GLYNDA		NAME		
STREET ADDRESS	315 AVE. A		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SESSIONS, REGINALD		NAME	Carter, Theresa	
STREET ADDRESS	320 AVE A		STREET ADDRESS	2901 Ave F #B	
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP	Fort Pierce, Florida 34950	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNER, HOWARD H		NAME	Nunn, William	
STREET ADDRESS	1630 SEAWAY DR, UNIT 307		STREET ADDRESS	1807 S. Indian River Drive	
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP	Fort Pierce, Florida 34950	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <i>[Signature]</i>			Date: 4-20-06 (TW) 263-3365		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		