

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90025 002 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROSS, CARRIE 707 NORTH 7TH STREET FT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name CASSANDRA GREEN Street Address (P.O. Box Number is Not Acceptable) 707 NORTH 7TH STREET City FT PIERCE FL Zip Code 34950	
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 <i>Cassandra Green</i> CASSANDRA GREEN 3-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	ST		<input checked="" type="checkbox"/> Delete		
NAME	CAVALCANTI, GLYNDA				
STREET ADDRESS	315 AVE. A				
CITY-ST-ZIP	FT. PIERCE, FL 34950				
TITLE	P		<input type="checkbox"/> Delete		
NAME	CARTER, THERESA				
STREET ADDRESS	2901 AVE F #B				
CITY-ST-ZIP	FT. PIERCE, FL 34950				
TITLE	V		<input type="checkbox"/> Delete		
NAME	NUNN, WILLIAM				
STREET ADDRESS	1807 S INDIAN RIVER DRIVE				
CITY-ST-ZIP	FT. PIERCE, FL 34950				
TITLE			<input type="checkbox"/> Delete		
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	ST		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, JAMES H				
STREET ADDRESS	3215 AVENUE Q				
CITY-ST-ZIP	FT. PIERCE, FL 34947				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS					
CITY-ST-ZIP					
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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: <i>James H. Brown</i> JAMES H. BROWN, SECRETARY/TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date 03-13-08 Daytime Phone # 772-465-4446	

40049943



03102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0899100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

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Added to Fees

Make check payable to
Florida Department of State

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SIGNATURE: *James H. Brown* JAMES H. BROWN, SECRETARY/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03-13-08** Daytime Phone # **772-465-4446**