

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749620

FILED
Feb 13, 2009
Secretary of State

Entity Name: FORT PIERCE HOUSING DEVELOPMENT CORPORATION

Current Principal Place of Business:

707 N. 7TH ST.
FORT PIERCE, FL 349503131

New Principal Place of Business:

Current Mailing Address:

707 N. 7TH ST.
FORT PIERCE, FL 349503131

New Mailing Address:

FEI Number: 59-0899100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREEN, CASSANDRA
707 NORTH 7TH STREET
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

NISIVOCCIA, DAVID
707 NORTH 7TH STREET
FT PIERCE, FL 34950 US

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: DAVID NISIVOCCIA

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BROWN, JAMES H
Address: 3215 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34947

Title: P () Delete
Name: CARTER, THERESA
Address: 2901 AVE F #B
City-St-Zip: FT. PIERCE, FL 34950

Title: V () Delete
Name: NUNN, WILLIAM
Address: 1807 S INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MCGARY, CAROLE
Address: 1709 SUNSET ISLES ROAD
City-St-Zip: FORT PIERCE, FL 34949

Title: P (X) Change () Addition
Name: NUNN, WILLIAM
Address: 1807 S INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34950

Title: V (X) Change () Addition
Name: BROWN, JAMES H
Address: 3215 AVENUE Q
City-St-Zip: FT. PIERCE, FL 34947

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: WILLIAM NUNN

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date