

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750566

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: CMHC HERNANDEZ HOUSE, INC.

## Current Principal Place of Business:

1221 W. LAKEVIEW AVE  
C/O GARY BEMBRY  
PENSACOLA, FL 32501 US

## New Principal Place of Business:

## Current Mailing Address:

1221 W. LAKEVIEW AVE  
C/O GARY BEMBRY  
PENSACOLA, FL 32501 US

## New Mailing Address:

FEI Number: 59-2041794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEMBRY, GARY L  
1221 W. LAKEVIEW AVE.  
PENSACOLA, FL 32501 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: P ( ) Delete  
Name: BEMBRY, GARY L  
Address: 2543 ANGEL COURT  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: BOND, W F  
Address: 4305 D'EVEREAUX DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: CD ( ) Delete  
Name: LANDRUM, H B JR  
Address: 4050 BEDEVERE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: VCD ( ) Delete  
Name: DURHAN, MICHAEL  
Address: 200 BAY BLVD  
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete  
Name: POWELL, MELBA K  
Address: 11610 CABOT STREET  
City-St-Zip: PENSACOLA, FL 32534

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CFO (X) Change ( ) Addition  
Name: HILL, MARY A CFO  
Address: 6618 ALLISON WAY  
City-St-Zip: PACE, FL 32571 US

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 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: MELBA K POWELL

S

04/12/2006

Electronic Signature of Signing Officer or Director

Date