

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758466

FILED
Feb 05, 2009
Secretary of State

Entity Name: SELF-RELIANCE HOUSING, INC.

Current Principal Place of Business:

12718 N. 19TH ST.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12718 N. 19TH ST.
UNIT #1825
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1981675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OROSZ, BOB
12718 N. 19TH ST.
UNIT #1825
TAMPA, FL 33612 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: D () Delete
Name: OLIVER, EDDIE
Address: 5004 KNOLLWOOD PLACE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: LANITIS, CHRIS
Address: 2162 2ND AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: SCHAIBLY, DEBI
Address: 3153 TINA MARIE
City-St-Zip: ZEPHYRHILLS, FL

Title: D () Delete
Name: MALLORY, NORMAN
Address: 12602 51ST ST
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: GONDREAU, DAVID
Address: 301 E. 121ST AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DAVID GONDREAU

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date