

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762751

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** NEIGHBORHOOD HOUSING AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

633 NW 8TH AVENUE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2608  
GAINESVILLE, FL 326022608 US

**New Mailing Address:**

**FEI Number:** 59-2203965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHROEDER, NICK  
4010 NEWBERRY ROAD  
SUITE D  
GAINESVILLE, FL 32607 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: TD ( ) Delete  
Name: WISE, ANDREW J MR.  
Address: 2918 NE 18 WY  
City-St-Zip: GAINESVILLE, FL 32609

Title: PD ( ) Delete  
Name: MILLER, ANTHONY  
Address: 4141 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD ( ) Delete  
Name: JONES, ANGELA  
Address: 4455 SW 34TH STREET W121  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: REAVES, BETTY  
Address: 4312 SE 4TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: HERKALO, DAVID  
Address: 633 NW 8TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: IWATA, MARGARET  
Address: 3950 NW 30TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

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 HERKALO

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date